

Lancashire County Council

Health Scrutiny Committee

Tuesday, 2nd November, 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.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3.	Minutes of the Meeting Held on 14 September 2021	(Pages 1 - 8)
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4.	Increasing vaccination uptake and addressing inequalities	(Pages 9 - 14)
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5.	Report of the Health Scrutiny Committee Steering Group	(Pages 15 - 30)
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6.	Work Programme 2021/22	(Pages 31 - 40)
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7.	Urgent Business
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An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

8.	Date of Next Meeting
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The next meeting of the Health Scrutiny Committee will be held on Tuesday 14 December 2021 at 10.30am at County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Agenda Item 3

Lancashire County Council

Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday 14th September 2021 at 10.30 am
in Cabinet Room 'A' - The Tudor Room, County Hall, Preston**

Present:

County Councillor David Westley (Chair)

County Councillors

C Haythornthwaite	J Oakes
S Barnes	E Pope
J Burrows	Rigby
L Collinge	K Snape
S Jones	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Council)
Councillor David Borrow, (Preston City Council)
Councillor Gina Dowding, (Lancaster City Council)
Councillor Alex Hilton, (Chorley Borough Council)
Councillor David Howarth, (South Ribble Borough Council)

County Councillor Samara Barnes replaced County Councillor Mohammed Iqbal and Councillor David Borrow replaced Councillor Jennifer Mein at this meeting only.

County Councillor Stuart Morris, County Councillor Lian Pate, Councillor Sue Gregson, and Councillor Jenny Molineux attended the meeting virtually, via Microsoft Teams.

1. Apologies

Apologies were received from Councillor Julie Robinson (Wyre Borough Council) and Councillor Frank Cant (Burnley Borough Council).

It was noted that County Councillor Samara Barnes replaced County Councillor Mohammed Iqbal and Councillor David Borrow replaced Councillor Jennifer Mein at this meeting only.

2. Constitution: Chair and Deputy Chair; Membership; Terms of Reference of the Health Scrutiny Committee and its Steering Group

The committee considered a report detailing the chairmanship, membership, and Terms of Reference of the Health Scrutiny Committee and its Steering Group for 2021/22.

Resolved: That

- i) The appointment of County Councillors David Westley and Carole Haythornthwaite as Chair and Deputy Chair of the committee for the remainder of the 2021/22 municipal year be noted;
- ii) That the new membership of the committee, following the county council's Annual Meeting on 27 May 2021, be noted; and
- iii) The Terms of Reference of the committee be noted.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Steve Rigby declared a non-pecuniary interest in relation to Item 8 as Interim Chair of the Healthwatch Lancashire Board, and County Councillor Lizzi Collinge declared that her spouse was employed by NHS England.

4. Minutes of the Meeting Held on 23 March 2021

Resolved: That the minutes of the meeting held on 23 March 2021 be confirmed as an accurate record.

5. Mental Health Integrated Community Care Transformation (MHICC)

Dr David Fearnley, Chief Medical Officer and Chris Oliver, Chief Operating Officer at Lancashire and South Cumbria NHS Foundation Trust presented a report to update the committee on the strategic outline for the Community Mental Health Transformation Programme.

The following points from the report were highlighted:

- The programme was based largely around primary care and the VCFSE sector, with access to care provided at the neighbourhood level of the community model;
- The model was designed with colleagues in line with evidence and best practice and reviewing complaints and incidents;

- By April 2022, each locality would have its own Initial Response Service to provide a single point of access for care and requests for help;
- Leadership and governance of the programme was provided in part by the Community Mental Health Transformation Steering Group, which was co-chaired by the mental health and voluntary sectors;
- Each region had its own Partnership Delivery Group to implement the national framework for mental health transformation at a nuanced, local level in order to address each area's needs; and
- The scale of recruitment necessary for the programme was a key risk to the project, which a specific Workforce Group had been established to address.

In response to questions, the following information was provided:

- The project was deliverable within the resources available, though workforce and recruitment remained a key risk. The programme used a tried and tested model, which was currently operating successfully in Cheshire and Merseyside, and the transformation programme in Lancashire and South Cumbria would coincide well with the expansion and re-design of other service areas.
- To date, there had not been sufficient engagement with service users, but better engagement was planned for current and future stages of the timeline.
- The project would be rolled out incrementally, based on the recommendations of stakeholders in the primary care networks. The potential risk of overwhelming services had been recognised from the start of the project.
- The recruitment process for the project would not be without its challenges and work was being completed to overcome this. A number of measures were hoped to reduce the risk of recruitment problems, including the phased delivery of the Initial Response Services, which in turn would allow for phased recruitment; the support of the VCFSE sector; continuing to deliver some care digitally, which had proved effective during the pandemic; promoting the Trust as an attractive employer and place to work; collaborating with local colleges and universities, such as to encourage trainee nurses to become registered; and investigating opportunities for overseas recruitment.
- The development and commissioning of housing support by the NHS, where vulnerable people and those living with mental health issues did not always receive sufficient support, needed to be further explored by the Trust.

- The promotion and communication of the new service would be led by NHS England. The Lancashire and South Cumbria crisis line was also staffed 24/7, which continued to be promoted at a community level and through social media. It was recognised that the project's communication and engagement strategy was essential to its effective delivery.
- Indicators and measures of success were being built into the programme. Feedback was currently collected through patient surveys and work with Healthwatch Lancashire.
- A key ambition of the project was the involvement of volunteers. The voluntary sector's role in co-chairing the Community Mental Health Transformation Steering Group was intended to ensure representation and a wide range of skills. At this early stage, information was being gathered about how volunteers and agencies wanted to support the programme. The programme model also provided long-term opportunities to improve and support the voluntary sector in return.
- Training on trauma-informed practice would be included in the model to ensure consistent delivery of trauma-informed care by both staff and volunteers. The importance of supporting those providing care in such emotionally challenging contexts was recognised.

The committee recognised that the transformation programme was both needed and welcomed, and it was agreed that a further update to the committee would be beneficial at the time of the programme's launch.

It was noted that county council officers had been invited to attend the meeting to provide information on the council's engagement with, and support of, the programme. As they had been unable to attend, it was proposed to ask officers for a briefing note which could be circulated to committee members. It was noted that information on the level of engagement with district councils would also be useful at a later stage.

Resolved: That

- i) The report and next steps of the MHICC Transformation Programme, as presented, be noted;
- ii) Representatives from the Lancashire and South Cumbria NHS Foundation Trust be asked to provide another update to the committee at a later date; and
- iii) County council officers be asked to prepare a briefing note for the committee on the support provided to the MHICC Transformation Programme by the county council to date.

6. Lancashire & South Cumbria Pathology Collaboration Update

Mark Hindle, Managing Director at Lancashire and South Cumbria Pathology Services presented a report to update the committee on the planned formation of a single pathology service for Lancashire and South Cumbria.

The following points were highlighted:

- Although public consultation was not necessary, the project leadership recognised the importance of stakeholder engagement to the new service's success;
- The resilience and efficiency of Lancashire and South Cumbria's pathology service would be improved through collaboration, new infrastructure and the technology facilitated by the project;
- Most of the region's pathology services would be carried out at the new pathology hub in Samlesbury, but urgent testing would continue at hospital sites; and
- The majority of pathology staff would be moved from their current roles to the new pathology hub. To enable this change, all staff and budgets would be combined by the end of the 2021-22 financial year under the new pathology service, in advance of the new hub's opening in Autumn 2023.

In response to questions, the following information was provided:

- With the combined budgets there would be sufficient funding available to the Pathology Collaboration to continue running current pathology services until the opening of the new hub. If more money was required, there were opportunities to retain revenue, bid for capital, and bid for investment from shareholders.
- Approximately 400-550 staff would be relocated to the new hub, and 200-250 staff would remain at hospitals to provide urgent services. The importance of consulting and informing staff of the changes was recognised. Although the views of staff had not been formally surveyed, it was expected that regular information sharing and discussions with consultants would lead to general consensus in favour of the service changes. The potential for difficulty and disruption to staff and work practices was also acknowledged.
- A breakdown of the views of different stakeholders in relation to the changes had not been provided in the report, but more detailed information and analysis could be provided to the committee with a future report and presentation. In summary, GPs were generally unconcerned by the changes

as long as the quality of service was unaffected; some within the pathology services and unions opposed the changes due to significant disruption that would be caused to current working practices.

- Currently, the pathology services did not meet quality targets for transported samples and, as a result, samples frequently had to be retaken. A number of measures would be introduced under the new service to overcome and prevent these problems, such as the use of drones to transport samples across the region, the preparation of samples at GP and hospital sites to reduce the likelihood of deterioration, and the use of refrigerated vans.
- The service changes would facilitate better use of the workforce by bringing staff together to enhance the service, encourage specialisation, and standardise training. No staff would be made redundant as a result of the changes and the NHS terms and conditions of employment would remain in place under the new service, which staff had communicated was important to them.
- The new service would replace the four distinct ICT systems used by current pathology services in Lancashire and South Cumbria with a standardised Laboratory Information Management System (LIMS). The new LIMS would be compatible with other systems used by GPs and hospitals, could be achieved within the existing budget, and would be implemented and in use before the launch of the new pathology hub.
- The NHS was committed to producing a carbon neutral service by 2023. In line with this, the new pathology hub would provide electric car charging points; have solar panels installed on its roof; and all transport vehicles would be electric. Ensuring the hub's construction was carbon neutral had also increased building costs by £2.5m, but this was considered a worthwhile investment.
- The recent blood bottle shortage had been caused by a number of factors, including an international plastic shortage, changes to supply lines following the UK's withdrawal from the European Union, and the impact of the Suez Canal blockage earlier in the year. Accordingly, hospitals and GPs had been directed by Government to reduce their blood taking until 19 September 2021, at which point the measures would be re-evaluated.
- The formation of a single pathology service responded to changes in national policy which had to be implemented. All hospital trusts in Lancashire and South Cumbria were supportive of the changes.

The committee thanked Mark for his presentation. It was recognised that the programme of work would benefit the health economy, whilst achieving best use of resources and improving outcomes for patients.

Resolved: That

- i) The report and timescales involved in the programme of work, as presented, be noted;
- ii) The changes were not considered to cause substantial variation to services for Lancashire's residents; and
- iii) A further report would be received by the Health Scrutiny Steering Group in 12 months' time to provide an update on progress and assurance that the programme of work remained on track.

7. Report of the Health Scrutiny Committee Steering Group

The committee considered the report of the Health Scrutiny Steering Group from its meetings held on 7 and 14 July 2021.

Members of the Steering Group were thanked for their time and commitment.

It was agreed that the possibility of reviewing access to GP appointments as part of the committee's review of the GP workforce shortage (scheduled for the meeting on 2 November 2021) would be discussed by the Steering Group at its next meeting on 22 September 2021.

In response to a question about the New Hospitals Programme, the Chair advised that an update would be provided at a point at which the committee could make a difference. It was noted that the Steering Group would receive an update on the New Hospitals Programme at its next meeting on 22 September 2021, and that County Councillor Collinge was prepared to informally collect the views of committee members ahead of the meeting.

It was noted that access to dentists would also be raised at a future Steering Group meeting.

Resolved: That the report of the Health Scrutiny Steering Group be noted.

8. Work Programme 2021/22

The committee reviewed the Health Scrutiny Work Programme 2021/22 which included topics identified at the committee's work planning workshop held on 29 June 2021 and finalised by the Steering Group and its meetings held on 7 and 14 July 2021.

Resolved: That the Health Scrutiny Work Programme for 2021/22, as presented, be agreed.

9. Urgent Business

None.

10. Date of Next Meeting

It was noted that the next meeting of the Health Scrutiny Committee will be held on Tuesday 2 November at 10.30am, at County Hall, Preston.

The Chair highlighted the value of meeting at 10.00 am, before the meeting start, to discuss potential questions and thanked members for their attendance.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 2 November 2021

Electoral Division affected: (All Divisions);
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Increasing vaccination uptake and addressing inequalities

(Appendix A refers)

Contact for further information:

Abdul Razaq, Interim Consultant in Public Health (LCC Public Health),

abdul.razaq@lancashire.gov.uk

Paul Havey, Director, COVID vaccination programme (Lancashire & South Cumbria ICS), paul.havey1@nhs.net

Executive Summary

A presentation on COVID-19 vaccination uptake and the collective actions to address health inequalities in relation to COVID-19 vaccination, across the three phases of the pandemic response vaccination programme and a summary of the Lancashire County Council (LCC) internal audit report of Phase 1 and Phase 2 national rollout of the COVID vaccination programme.

Recommendation

The Health Scrutiny Committee is asked to:

- (i) note the Lancashire & South Cumbria ICS presentation on COVID-19 vaccination uptake and actions to address health inequalities.
- (ii) note the summary of the Lancashire County Council audit assurance report (Appendix A) and plans for a follow up audit in 2022/23 following national Phase 3 rollout completion.
- (iii) formulate any recommendations on increasing COVID-19 vaccination uptake and addressing inequalities.

Background and Advice

At the work programming workshop held on 29 June 2021, members of the Health Scrutiny Committee were appraised of the three public health priorities for 2021/22 being; COVID-19 response, recovery and reform.

A key element of the COVID-19 response is to increase vaccination uptake and address inequalities in vaccine uptake. This report and the presentation set out the presentation will provide information on COVID-19 vaccination uptake and the collective actions by the local NHS, the county council and partners on health

inequalities in relation to COVID-19 vaccination, across the three phases of the pandemic response vaccination programme.

1. COVID response Autumn/Winter Plan 2021/22

On 14th September 2021 the Government published plans for autumn and winter 2021 for England - <https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021>. The Autumn/Winter plan includes the Government's "Plan A" - a comprehensive approach relying on personal responsibility designed to steer the country through autumn and winter 2021/22. It also outlines a Plan B which would only be enacted if the data suggests further measures are necessary to protect the NHS. At the present time national Government have confirmed in national press briefings that there is no intention to trigger Plan B of the plan at this point of the autumn/winter period.

2. Health Inclusion Groups and NHS Equality, Health Inequality Impact Assessment

Lancashire & South Cumbria Integrated Care System (ICS) working with Lancashire County Council, district councils and wider community, voluntary and faith sectors have provided a comprehensive set of COVID vaccination offers including outreach models of provision for communities where there are known inequalities (e.g. coastal communities, rural areas, Gypsy, Roma & Traveller sites, ethnic minorities, student populations, Learning disabilities & autism, homeless, refugee and asylum seeker populations, pregnant women, drugs and alcohol services, special education needs schools).

Lancashire & South Cumbria ICS have local plans in place to offer in school and out of school 12-15 year COVID-19 vaccination through the national booking service (NBS) for multiple modalities such as large vaccination sites, identified number of community pharmacy and GP surgeries. Children who have missed their COVID vaccination due to absence from school can be booked in for COVID-19 vaccination through the out of school national booking service offer.

Phase 1 and 2 of the COVID-19 vaccination programme has been implemented across Lancashire and South Cumbria led by Lancashire & South Cumbria ICS that has undertaken an Equality and Health Inequality Impact Assessment phase 1 and 2. A further Equality and Health Inequality Impact Assessment has been undertaken for Phase 3 of the national COVID-19 vaccination programme for the Lancashire and South vaccination programme.

Phase 3 covers arrangements for the booster programme and vaccination to younger cohort groups (i.e. 12-15 year olds). The Equality and Health Inequality Impact Assessment demonstrates how the vaccination programme has demonstrated 'due regard' to the public sector equality duty for the NHS.

3. LCC Internal Audit of Phase 1 and 2 COVID vaccination

In September 2021, the county council's internal audit team completed a review of the county council's responsibilities in relation to the NHS COVID-19 vaccination programme. A summary of the LCC audit findings report as presented to the

Council's Audit, Risk and Governance Committee at its meeting on 18 October 2021 is set out at **Appendix A**.

4. Vaccination Uptake and Inequalities Presentation

Paul Havey, Director of the Lancashire & South Cumbria COVID-19 vaccination programme (NHS) and Abdul Razaq, Interim Consultant in Public Health, Lancashire County Council and Public Health COVID vaccination lead will attend the meeting to deliver the presentation and answer questions.

Consultations

N/A

Implications:

This item has the following implications for COVID-19 vaccination uptake and inequalities, as indicated:

- NHS and care home mandatory staff vaccination national deadline 11th November 2021 with published exemptions.
- Care home booster COVID-19 vaccination completion by 31st October 2021.
- Resident uptake of the evergreen COVID vaccination offer for currently unvaccinated populations.
- Resident uptake of the COVID booster vaccination offer after an interval of 26 weeks from 2nd COVID vaccination dose.
- The severity of the influenza season, uptake of flu jabs in the Lancashire population and co-circulating viruses.
- Uptake of the 12-15 year old vaccination programme in schools and out of school offer recently communicated by the NHS.
- A national Government decision on moving from Plan A to Plan B in the Autumn/Winter Plan 2021/22 and further behavioural insights of vulnerable population groups.

Risk management

This report has potential risk implications for business continuity of services and workforce capacity across the health, care and education system and the wider societal impacts on the recovery phase of the COVID pandemic.

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

**Extract from Audit, Risk and Governance Committee meeting agenda 18
October 2021 – item 7 Internal Audit Progress Report**

"Covid-19 vaccination programme (Moderate assurance)

- 4.9 Through a range of working groups, including representatives from all essential services, the council has been able to support the NHS effectively in implementing the vaccination programme. This has included assisting in establishing mobile units (particularly supporting vulnerable people), disseminating current and accurate information, disposing of waste, ensuring adequate car parking arrangements and providing transport for service users in care homes.
- 4.10 Whilst our audit work has been limited to governance, communication, and data collection and analysis, the arrangements the council put in place have been entirely appropriate. Suitably senior officers have been involved at the right times and the working groups have ensured that responses during the pandemic were, and continue to be, sufficiently swift.
- 4.11 Work is continuing to support uptake of the vaccines, in particular supporting care homes in advance of the requirement that all care workers in Care Quality Commission (CQC) registered care homes are fully vaccinated by 11 November 2021."

Health Scrutiny Committee

Meeting to be held on Tuesday, 2 November 2021

Electoral Division affected:
(All Divisions);

Report of the Health Scrutiny Steering Group

Contact for further information:

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 22 September and 13 October 2021.

Recommendation

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

Background and Advice

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

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

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

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

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

- **Meeting held on 22 September 2021**

Lancashire and South Cumbria Enhanced Acute Stroke Services Business Case

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

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

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

During the presentation, the following points were highlighted:

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

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

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

In response to questions, the following information was provided:

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

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

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

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

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

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

Resolved: That

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

New Hospitals Programme update

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

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

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

In response to questions, the following information was provided:

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

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

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

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

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

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

Strengthening health scrutiny arrangements

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

Substantial Variation

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

Joint Health Scrutiny Committees

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

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

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

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

Collaborative Working with Healthwatch Lancashire

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

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

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

Additional update

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

Resolved: That

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

Requests received from the local NHS

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

Initial Response Service

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

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

The Clatterbridge Cancer Centre

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

Resolved: That

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

- **Meeting held on 13 October 2021**

Lancashire & South Cumbria NHS Foundation Trust: Initial Response Service

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

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

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

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

In response to questions, it was clarified that:

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

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

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

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

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

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

The Chair welcomed to the meeting the following presenters:

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

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

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

In response to questions, the following information was provided:

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

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

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

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

Lancashire & South Cumbria Pathology Collaboration

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

It was noted that:

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

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

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

Health Scrutiny Steering Group Briefing Report

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

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

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

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

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

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

Resolved: That

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

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II:

N/A

Health Scrutiny Committee

Meeting to be held on Tuesday, 2 November 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. Consider key lines of enquiry for future meeting topics.
- ii. Discuss any additional representation required from key officers/partners 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
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
Lancashire & South Cumbria - Enhanced Acute Stroke Services programme	Consider the business case for the reconfiguration of stroke services in the area.	Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN)	14 December
Workforce GP shortage	Progress made in relation to recommendations of the 2017 scrutiny inquiry report	NHS England North West and Lancashire & South Cumbria ICS	
Housing with Care and Support Strategy	Progress on the implementation of the strategy	LCC Adult Services	1 February 2022
Early intervention and social prescribing	Review of development and effectiveness	LCC Public Health, Lancashire & South Cumbria ICS	
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 Pathology Collaboration (September 2022)
- Community Mental Health Transformation programme (tbc)

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	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	
Initial Response Service	Report on the newly established service by Lancashire & South Cumbria NHS Foundation Trust	LSCFT	13 October
Clatterbridge Cancer Centre	Blood cancer proposal	Jackie Moran, NHS West Lancashire Clinical Commissioning Group	
Lancashire & South Cumbria Pathology Collaboration	Concerns raised by pathologists	Gary Halsall, LCC	
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	10 November
Outbreak management and infection control – adult social care	Report on the key issues	Louise Taylor, Tony Pounder, LCC Adult Social Care	
Workforce resilience, wellbeing, sufficiency – adults social care	Report on the key issues	Louise Taylor, Tony Pounder, LCC Adult Social Care	

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/partners	Proposed Date(s)
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	
NHS Winter planning - TBC	Assurance on measures and systems in place for the forthcoming winter.	Kevin McGee, Lancashire Teaching Hospitals Trust	
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	
Quality Surveillance Group - TBC	Introduction and identifying collaborative ways of working	NHS England & NHS Improvement North West Region	
Building and enduring health protection function beyond covid	Initial report on plans	LCC Public Health	5 January 2022
Healthwatch Lancashire - TBC	Identifying collaborative ways of working		
Intermediate Care Services	Report on the key issues	LCC and Lancashire & South Cumbria ICS	
New Hospitals Programme - TBC	Update on shortlisting options - first phase	Rebecca Malin and Jerry Hawker, New Hospitals Programme	

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

Other topics to be scheduled:

- Lancashire and South Cumbria Enhanced Acute Stroke Services – update to Steering Group between March and May 2022 (poss. matter for Joint Health Scrutiny Committee with Cumbria County Council)
- Liberty Protection Safeguards – review of preparations before go live (April/October 2022?)
- 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