

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting Held on Tuesday 22 March 2022 at 10.30am in Committee Room 'A' - The Tudor Room, County Hall, Preston**

#### **Present:**

County Councillor David Westley (Chair)

#### **County Councillors**

C Haythornthwaite	M Iqbal MBE
J Berry	E Pope
J Burrows	Rigby

#### **Co-opted members**

Councillor Matthew Brown, (Preston City Council)  
Councillor Alex Hilton, (Chorley Borough Council)  
Councillor David Howarth, (South Ribble Borough Council)  
Councillor Viv Willder, (Fylde Borough Council)

County Councillor Julia Berry replaced County Councillor Kim Snape, County Councillor Sean Serridge replaced County Councillor Lian Pate, and Councillor Matthew Brown replaced Councillor Jennifer Mein representing Preston City Council.

#### **1. Apologies**

No apologies were received.

County Councillor Sean Serridge, County Councillor Lizzi Collinge, County Councillor Stuart Morris, County Councillor Jackie Oakes, Councillor Barbara Ashworth, Councillor Saeed Chaudhary, Councillor Gina Dowding, Councillor Sue Gregson, and Councillor Julie Robinson attended virtually via Microsoft Teams.

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

County Councillor Berry declared a non-pecuniary interest in item 4 that her daughter was employed by East Lancashire Hospitals NHS Trust and was currently contracted to Lancashire Teaching Hospitals.

Councillor Hilton declared a non-pecuniary interest in Item 4 that he was in employment at Wrightington, Wigan, and Leigh NHS Foundation Trust and

provided a diagnostic service to the vascular surgeons at Lancashire Teaching Hospitals.

### **3. Minutes of the Meeting Held on Tuesday 1 February 2022**

**Resolved:** That the minutes of the meeting held on 1 February 2022 be confirmed as an accurate record.

### **4. Update on Lancashire and South Cumbria New Hospitals Programme**

Jerry Hawker, Senior Responsible Officer and Integrated Care System Executive Director for the Lancashire and South Cumbria New Hospitals Programme, Rebecca Malin, Programme Director for the Lancashire and South Cumbria New Hospitals Programme, and Jane Kenny, Lead Nurse for the Lancashire and South Cumbria New Hospitals Programme attended the meeting and provided an update on the current position of the Lancashire and South Cumbria New Hospitals Programme since they last attended Health Scrutiny Committee on 23 March 2021. A recap of the background and the context was also provided. The key purpose was to share the shortlist of options for new hospital facilities.

Comments and queries from the committee were as follows:

- On the feasibility of the option to have two new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital (new sites), there had been close engagement with the government during the shortlisting process, but feasibility could not be confirmed at this early stage. However, as the new build option was on the shortlist, it was seen as an indicator of an agreement to continue to pursue and explore those options and there would be more discussion with the government over a six to nine month period regarding capital affordability. It was noted that cost in terms of capital was only seen as one element and a strong part of the development of options was exploring benefits in improving efficiency and productivity, and at a wider socio-economic level. The government had not yet provided a maximum amount of capital, although they had been clear that they were looking for return on investment as the most significant argument that the New Hospitals Programme must deliver to demonstrate value for money for taxpayer's investment. Indicative capital had become less of a focus than demonstrating the return on investment. When the New Hospitals Programme team undertook the shortlist, they maintained options which gave them a broad spectrum of capital revenue potential and there had been significant financial analysis carried forward around return on benefit.
- If there were two new hospitals built on new sites, services could be maintained and have a short, phased transition across sites. With rebuilding on the existing sites, phasing would become a more critical

factor as there would be more costs and considerations to take into account.

- Assurance was provided that the two hospitals would be built and ran by NHS organisations and the two NHS trusts were committed to operating the services. With regard to the construction of the two hospitals, the New Hospitals Programme were working with the Local Enterprise Partnership to ensure local businesses had the maximum opportunity to be involved in whichever successful option of the building programme went ahead. The programme was also working with the government with a view to enable local companies to be involved in both construction and ancillary services.
- In terms of the impact on other local hospitals and in particular Chorley and South Ribble Hospital, it was reported that services continued to be invested at that site as recognition that they were significant to the local community.
- There was not a matrix or formal scoring system used for shortlisting options. The New Hospitals Programme team took guidance and instead used a RAG rating of 'met', 'partially met', or 'did not meet at all' as the mechanism. The team intended to publicly publish further information behind the shortlisting process and key deliberations which enabled the shortlist of options.
- It was clarified that a land agent had been appointed, who were undertaking desktop research for land sites which could cater for two new hospitals. The New Hospitals Programme team would update the committee when they had more information. The team were also working with senior officers in local authorities, as they recognised both the link from planning considerations but also the strategic views.
- The timeline for the New Hospitals Programme to start construction work was 2025, with a view to sites being opened in 2030. It was confirmed this was on track.
- On public engagement, the New Hospital Programmes team were collecting feedback regarding the shortlist of options and established that engagement would continue as they gained more detail. If there was a requirement to formally consult, a pre-consultation business case would then be developed with an engagement plan. The team with assistance from The Consultation Institute, were committed to continue with the level of engagement and listening.
- In response to worker housing schemes being developed alongside the new hospital sites, the New Hospitals Programme were aware that they were unable to retain staff due to the condition of their estate. Also, through staff engagement, they knew that parking and punctuality was a large concern, and any new build or refurbishment would complement this.
- Journey times in terms of distance and time would be an important consideration to narrow the options. As the New Hospitals Programme were designing a hospital which would exist in 2030-2050, a large proportion of their programme of work was investment and development of

their approach to population health, investment in community services, and the use of digital technologies so that the hospital would only be attended when residents needed specialist or emergency care.

- It was acknowledged that accessibility and affordability of transport were factors that would be worked on in partnership with the county council.
- As next steps, there would be six to nine months of detailed analysis of the shortlist of options, these would then be reviewed again against the critical success factors of deliverability and affordability, to provide a shortlist of options that the New Hospitals Programme team would discuss with the government and either to progress to a full business case or consultation. The team would share with the committee key stages of their journey to their 2025 target. It was noted that some timelines are under control of the team, however, others would be partially in control of the Department of Health and Social Care.
- The committee wished to note that they recognised that this investment would impact future generations and that the aims should align with social, economic, and environmental benefits in each of the districts affected, as well as the wider patient community.

Members thanked the Lancashire and South Cumbria New Hospitals Programme team for attending the meeting and for the information provided.

Actions:

- The New Hospitals Programme team share with the Health Scrutiny Committee detail of key stages on their forward-planning agenda.

**Resolved:** That;

- i. The update on the Lancashire and South Cumbria New Hospitals Programme information provided at Appendix A be noted;
- ii. The feedback from the Health Scrutiny Committee on the shortlist of options be considered;
- iii. The Lancashire and South Cumbria New Hospitals Programme be asked to return to the Health Scrutiny Committee at its meeting scheduled on 28 June 2022; and
- iv. In principle the Health Scrutiny Committee agreed to support the option of *Two new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital (new sites)*, dependant on future information and detail provided by the Lancashire and South Cumbria New Hospital Programme.

## **5. Shaping Care Together Programme – Engagement Update**

Jackie Moran, Head of Quality Performance and Contracting, NHS West Lancashire Clinical Commissioning Group provided the committee with an update on the Shaping Care Together (SCT) Programme.

Members were informed that SCT was run by NHS leaders across West Lancashire, Formby, and Southport, which sought to 'futureproof' the local NHS by looking at new ways of working and new ways of delivering services.

It was reported that since January 2021, SCT listened to the thoughts, opinions, and ideas from residents, patients, staff, and stakeholders. The programme received more than 2,500 responses through an online questionnaire and hard copy feedback forms, which was followed up by a series of online and face-to-face in-depth discussion groups with local community organisations and delivered electronic newsletters and information videos about the programme.

Some of the main themes which emerged from the engagement included:

- Concerns around the accessibility of primary care services
- A need to focus more on preventative measures and use community services better to help patients before they present to hospital
- Some issues around public transport in certain areas
- Staffing levels and the recruitment and retention of key staff needs to be improved
- A need to improve patient journeys and support patients to better navigate their own care.

An updated version of the presentation provided at Appendix A is set out in the minutes.

Comments and queries from the committee were as follows:

- It was acknowledged by the SCT team that there were lessons to be learnt from St Helens and Knowsley Teaching Hospitals NHS Trust at Southport and Ormskirk Hospitals NHS Trust, in terms of community outreach services.
- It was noted that from 1 July 2022, West Lancashire Clinical Commissioning Group would be abolished, and the services should become part of Lancashire and South Cumbria Integrated Care Board (ICB). The SCT programme would also come under the Cheshire and Mersey ICB, with input from Lancashire and South Cumbria ICB.
- On the transparency of the Travel and Transport Advisory Group, the SCT team would welcome input and involvement from members of the county council.
- It was recognised that West Lancashire residents travelled to Liverpool for specialist one-off care, with 80% of secondary care referrals into Liverpool hospitals. The SCT team would undertake a detailed analysis at the end of the engagement phase to know more about how travel times and accessibility affects different parts of the West Lancashire population.
- In terms of timescales, the SCT team aimed to have a shortlist of options ready by May 2022. Their next steps would then be to have a pre-consultation business case prepared and submitted to NHS England

by September/October 2022, to seek approval to move to formal consultation. The team would be looking to have reached the approval stage by the end of the 2023/24 year, with work starting in 2025. It was suggested that the SCT Programme returns to the Health Scrutiny Committee alongside the New Hospitals Programme, to be considered at the same time. It was acknowledged that if the New Hospitals Programme chose a new location north of Preston, and the Shaping Care Together Programme moved services away from Ormskirk, there could be accessibility concerns and a potential gap in service provision for people living in the Chorley and South Ribble areas. It was confirmed that representatives from both programmes were working together as plans were being developed.

The Chair thanked Jackie for her presentation and attending the meeting.

**Resolved:** That an update on the Shaping Care Together Programme be presented to the Health Scrutiny Committee at its meeting scheduled on 28 June 2022.

## **6. Report of the Health Scrutiny Committee Steering Group**

The committee considered a report containing an overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 9 February 2022. No queries were raised by the committee.

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

## **7. Work Programme 2021/22**

The committee received a report which provided information on the work programme for the Health Scrutiny Committee.

The Chair asked members of the committee that if they wished to contribute to the work programme for 2022/23 to inform Gary Halsall, Senior Democratic Services Officer know in advance of the work programming workshop to be held in June 2022.

It was noted that members would prefer there to be one extra Health Scrutiny Committee meeting to be held during the next municipal year between March and June 2023. The Chair informed the committee that he was aware of a review of Overview and Scrutiny function and the request could be noted as part of the review.

**Resolved:** That the Health Scrutiny Committee Work Programme 2021/22 be noted.

**8. Urgent Business**

There were no items of urgent business.

**9. Date of Next Meeting**

It was noted the next meeting of the Health Scrutiny Committee would take place on Tuesday 28 June 2022 at 10:30am in County Hall, Preston.

L Sales  
Director of Corporate Services

County Hall  
Preston





# Shaping Care Together

Lancashire County Council  
Health Scrutiny Committee  
22 March 2022

Minute Item 5

# Shaping Care Together...



# Engagement and consultation...

*“It is critical that patients and the public are involved throughout the development, planning and decision-making of proposals for service reconfiguration. Early involvement with the diverse communities, local Healthwatch organisations, and the local voluntary sector is essential... Early involvement will give early warning of issues likely to raise concerns in local communities and gives commissioners’ time to work on the best solutions to meet those needs.”*

**NHS England**

# Timeline of activity...



# Headline engagement to date...

- More than 2,100 questionnaire responses completed
- More than 15K engagement site visits
- Roughly 300 staff completed the questionnaire
- At least 1,800 patients and stakeholders completed the questionnaire
- Almost 500 responses from SCT 'postcards'
- Regular stakeholder e-Newsletter distributed



# Headline engagement to date...

- Equalities Impact Assessment in progress
- Travel & Transport Advisory Group established
- Engagement Process Advisory Group established
- In-depth patient and stakeholder focus groups delivered (more than 25 held since January 2021)
- Roughly 40% want to hear more information when published



# Headline themes to date...

- 70% favour telephone or video appointments
- Top two priorities:
  - ***Shorter waiting times for outpatient appointments***
  - ***Having the best possible care, even if that means travelling further***
- 85% favour specialist centre treatment for complex healthcare
- At least 94% generally agree that healthcare should be ***“local where possible and specialist where necessary”***

# Headline themes to date...

- There are some concerns around the accessibility of primary care services.
- We need to focus more on preventative measures and use community services better to help patients before they present to hospital.
- There are some issues around public transport in certain areas.
- Staffing levels, recruitment and retention of key staff needs to be improved.
- We need to improve patient journeys and support patients to better navigate their own care.



# Headline themes to date...

## Good...

- Urgent Treatment Centre in Ormskirk
- Prompt appointments for planned procedures
- Caring and compassionate staff
- Joined up services between both sites
- A&E at Southport

## Less good...

- A&E often overwhelmed or overcrowded
- Staff shortages in certain areas
- Public transport links
- Care in the community
- Lack of Walk-In Centre at Southport

# Challenges & Opportunities Paper...

- Challenges and Opportunities Paper has been published
- Engagement document that explains the emerging challenges identified through engagement
- Also identifies some opportunities to provide better care
- Represents the next step in our journey and will continue to work with local residents, patients, staff and stakeholders



Southport and Formby Clinical Commissioning Group  
Southport and Ormskirk Hospital NHS Trust  
West Lancashire Clinical Commissioning Group



# Engagement events...

- Further period of engagement with patients, public, staff and stakeholders
- Public engagement events taking place
- Opportunity to hear from and talk to clinicians and programme representatives
- Online 'town hall' style events scheduled:
  - 10:30 – 12:00 Wednesday 16 March
  - 18:00 – 19:30 Thursday 17 March



# Next steps...

- More survey responses
- More in-depth discussion groups
- Developing new Models of Care
- Options Development & Appraisal process to be undertaken
- Comprehensive Engagement Report to be produced and feed into Pre-Consultation Business Case

## Your Views



We hope you find this engagement website useful.

Please complete our survey below.

### Survey

#### Your Views

The survey is split into **three parts**.

Part one involves a small number of very basic questions about you and your general views on healthcare. It will take no more than three or four minutes to complete. If you would like to give us your views in a little more detail you can go on to complete parts two and three, however these questions are optional and you can skip them should you wish to do so.

[START NOW](#)



Any questions?

