

Lancashire County Council

Health Scrutiny Committee

Tuesday, 22nd March, 2022 at 10.30 am in Committee 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 Tuesday 1 February 2022	(Pages 1 - 6)
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4.	Update on Lancashire and South Cumbria New Hospitals Programme	(Pages 7 - 18)
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5.	Shaping Care Together Programme – Engagement Update	(Pages 19 - 46)
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6.	Report of the Health Scrutiny Committee Steering Group	(Pages 47 - 54)
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7.	Work Programme 2021/22	(Pages 55 - 64)
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8.	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.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 28 June 2022 at 10.30am in 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 1 February 2022 at 10.30 am in Committee Room 'A' - The Tudor Room, County Hall, Preston

Present:

County Councillor David Westley (Chair)

County Councillors

C Haythornthwaite	J Oakes
N Khan	E Pope
S Jones	S Rigby
E Lewis	

Co-opted members

Councillor David Howarth, (South Ribble Borough Council)
Councillor Jennifer Mein, (Preston City Council)
Councillor Viv Willder, (Fylde Borough Council)

County Councillor Dr Erica Lewis replaced County Councillor Kim Snape and County Councillor Nweeda Khan replaced County Councillor Mohammed Iqbal MBE for this meeting only.

1. Apologies

Apologies were received from Councillor Alex Hilton.

County Councillor Joan Burrows, County Councillor Lizzi Collinge, County Councillor Stuart C Morris, County Councillor Lian Pate, Councillor Barbara Ashworth, Councillor Saeed Chaudhary, Councillor Gina Dowding, Councillor Sue Gregson, Councillor Jenny Molineux, and Councillor Julie Robinson attended virtually on Microsoft Teams.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Mein declared a non-pecuniary interest in agenda item 5, as a previous board member of Community Gateway and was involved in decision-making.

County Councillor Lewis declared a non-pecuniary interest in agenda item 5, as a district councillor for the John O'Gaunt ward in Lancaster where an extra-care scheme was being built and under employment of Cumbria University, whose land was being built on.

3. Minutes of the Meetings Held on 2 and 16 November 2021

Resolved: That the minutes from the meetings held on 2 and 16 November were confirmed as an accurate record.

4. Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria

Aaron Cummins, Senior Responsible Officer for the stroke programme and Chief Executive of Morecambe Bay Hospitals, Cath Curley, Clinical Director of the Integrated Stroke and Neuro Delivery Network (ISNDN) and Stroke Consultant Nurse, Elaine Day, Manager of the Lancashire and South Cumbria ISNDN, Anthony Gardner, Director of Planning and Performance, Hayley Michell, Interim Stroke Programme Director, Sharon Walkden, Project Manager, Stroke Programme, and Phil Woodford, Chair of the Patient and Carer Stroke and Neuro Assurance Group attended to present the report and answer queries from the committee.

Comments and queries from the committee were as follows:

- In response to member's concerns about lessons learned it was noted that the model was adopted by Manchester and London a few years ago and national data from the Sentinel Stroke National Audit Programme (SSNAP) for those areas helped to identify key outcomes. A key outcome at specialist centres was that staff became experts as they saw more patients and had more experience with procedures. The Lancashire stroke team learnt that on those sites where there was not a front-door team, there was a requirement to have an established team within the hospital to take calls from the ambulance, A&E, or from the wards to attend to the patient straight away, diagnose the urgency and identify next steps. Other lessons learnt from the Manchester and London models was a requirement to up-resource community teams.
- To ensure the 24/7 service, staff were recruited as part of a three-year investment plan and workforce plan. The local NHS worked with the local universities and set up different courses along the pathway. The stroke centres have been considered good places to work, therefore recruitment was successful, new unblended roles were introduced, and services were future proofed. Succession plans were put in place for the staff already in place and this supported retainment. Digital services also supported staff to do their jobs more efficiently, they did not need to be onsite to access test results.
- The team visited individual hospitals for thoughts and feelings of the staff and to gather if there was any resistance to change. This was followed up with regular workshops, where staff contributed to the case for change, so that there would be no surprises with the new model of care.

- It was clarified that the hospitals would not lose their acute stroke units, but would be strengthened, with staff supported in their training and development.
- It was confirmed that there had not been any involvement with trade unions or professional bodies, as it had been perceived from staff that there was no need. However, they were aware of a forum which they could attend. Further information on trade union and professional body engagement could be provided to the committee.
- It was noted that the local NHS had a strong relationship with UCLAN, courses were also available in Manchester and Liverpool, and it was expected that where students train, they would stay to work close-by. There was a phased approach across the region due to the number of staff required, therefore staff were upskilled on each acute site and apprentices were recruited. Funding was secured for a regional role which supported speech and language therapy training and there was collaborative work done with Edge Hill around carers assessments.
- In terms of concerns regarding travel times in particular from the north Lancashire area, a strengthened front-door allowed more efficient assessment before suitable patients would be transferred to Royal Preston Hospital. Where there were traffic issues, the air ambulance was used. It was noted from the patient perspective, that they were happy to attend the general hospital to be stabilised and then transferred to the acute stroke centre to receive specialist treatment. The team continued to work closely with the North West Ambulance Service (NWAS) on modelling travel times. It was explained that when the business case was considered by the Joint Committee of Clinical Commissioning Groups, they asked for more work to be done with NWAS regarding travel times and access points which included scenario planning using technical mapping software.
- It was confirmed that Blackpool Victoria Hospital would remain an acute stroke centre, but Royal Preston Hospital would be the main hub for Thrombectomy.
- Data from the Equality Impact Assessment relating to main risk factors for stroke and equality protected groups in particular ethnicity and gender could be shared with the committee. On preventative measures, it was noted that there had been a number of community projects carried out this year including GP practices supporting people to self-monitor. One of the benefits of the proposed model was to ensure that there was no variation in access to services and treatments. The Patient Carer Assurance Group was currently looking at methods to increase their diversity to be representative of different communities.
- The New Hospitals Programme was seen as an opportunity to receive investment for improvement but was still at an early stage of development. There was some assurance provided that clinical models that were changed based on best practice and national guidelines, would not be

changed and the stroke pathway was set, and that pathway would be included in any development through the programme if successful.

The Chair thanked members of the local NHS for the presentation and information provided. In considering whether the proposal represented a substantial variation, there was a consensus from the committee that on balance it did not meet any of the characteristics likely to increase defining the proposal as substantial. However, it was felt that further assurances were required in relation to travel times, engagement with trade unions and professional bodies and recruitment and training. It was suggested that the Health Scrutiny Steering Group be asked to seek assurances on these matters at its next scheduled meeting on 9 February 2022.

Actions:

- The local NHS to provide members with Equality Impact Assessment data relating to the equality protected groups.

Resolved: That;

- i. The Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria proposal did not represent a substantial variation; and
- ii. The following matters be taken forward by the Health Scrutiny Steering Group at its meeting scheduled on 9 February 2022:
 - a. Travel times modelling and contingency plans for the north Lancashire area;
 - b. Engagement activity with trade unions and professional bodies; and
 - c. Recruitment and training.

5. Update on Housing with Care and Support Strategy

The Chair welcomed Sarah McCarthy, Policy, Information and Commissioning Senior Manager (Age Well), Dawn Astin, Service Manager (Housing Specialist PLOT), and Mike Alsop, Policy, Information and Commissioning Senior Manager (Age Well) from Lancashire County Council who presented an update about progress on the implementation of the Housing with Care and Support Strategy 2018-2025, which set out the county council's vision for extra care housing for older people and apartment developments for working age adults with disabilities. Officers were joined by Diane Emmison, Supported Housing Manager from the Regenda Group, Katie Stanley, Scheme Manager at Lighthouse View in Fleetwood, and tenants.

Comments and queries from the committee were as follows:

- It was clarified that for supported living schemes, different housing benefit opportunities covered the costs of rent for tenants which was managed by the district councils, although officers were aware of residents that worked and volunteered. The package of support was met by Lancashire County

Council, each individual was financially assessed, and contributions were made depending on their income. On average, most apartment schemes were £200-250 per week for rent, which was consistent with specialist accommodation, however, it was noted that this type of accommodation was at a higher level of rent than other sectors. Officers were in conversation with providers regarding the national issue of the rising cost of development and ensured that new schemes were affordable.

- Supported living schemes on average were 45-50 square feet, this was deemed to be more spacious and larger than previous options. Extra care schemes were also larger, some were two bedrooms apartments. Upkeep of the apartments were quality monitored and there was a ten year forward plan for replacements to maintain service standards.
- In terms of service user allocation into extra care schemes, there were three priority groups:
 1. Who otherwise would have been in residential care;
 2. Eligible for care in terms of the Care Act, with either a commissioned care package or they opted for informal care; and
 3. Did not have an eligible need under the Care Act but would benefit from living in an extra care environment.

On the referral pathway, the decision was determined by a panel which consisted of the landlord, care provider, and social care representatives. Only need was considered, direct payments and funding were not taken into account. There was a waiting list, and this was referred to when there was a vacancy. Not all settings are suitable for individuals and in some circumstances, schemes were developed to meet needs.

- It was explained that once all existing schemes had been developed and established, the officers would then look at demand with the district councils to see what next steps were needed for each district.
- It was identified that there was a shortage of accessible accommodation, therefore officers were working with Adult Social Care and district councils to undertake a needs assessment.
- There was no intention to retire anymore social care settings, although some residents may have been move into the schemes if it was considered to be more suitable for their needs. Lancashire County Council officers continued to work closely with officers from the district councils and discussed opportunities for land, including in the county council's assets.
- On the provision of social care, there was a tender for an on-site provider, to provide 24/7 staff presence and emergency response. Tenants also had their own care package and had the option to choose the on-site provider or opt for a different provider. Currently, there were over 50 providers on an approved providers list.
- It was anticipated that people participating in the Good Neighbour Scheme did not require social care.
- On whether the change in provision would impact on workforce considerations, it was noted that it would not mitigate the need for staff as

people's social care needs varied and would therefore need to be met. There were some efficiencies with apartment and larger scale schemes as less background and night staff were needed to provide cover.

Members thanked officers for their presentation.

Resolved: That;

- i. The report be noted; and
- ii. A further update on Housing with Care and Support Strategy be presented to the Health Scrutiny Committee in 18 months to review progress.

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 meetings held on 10 November, 1 December 2021, and 5 January 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 considered a report which provided information on the work programme for the Health Scrutiny Committee.

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

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 was scheduled to be held on 22 March 2022 at 10:30am in County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 22 March 2022

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A;

Update on Lancashire and South Cumbria New Hospitals Programme (Appendix 'A' refers)

Contact for further information:

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

Brief Summary

An update on the current position of the Lancashire and South Cumbria New Hospitals Programme, as well as a recap on the background and the context. The key purpose of the paper set out at appendix A, is to share the shortlist of options for new hospital facilities.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the information provided in the paper set out at appendix A.
2. Provide feedback on the shortlist of proposals.
3. Continue to provide views and guidance on how the programme can help ensure the Health Scrutiny Committee is able to undertake its duties.

Detail

The New Hospitals Programme was last reported to the Health Scrutiny Committee at its meeting held on 23 March 2021. The agenda and minutes of that meeting are available on the county council's website:

<https://council.lancashire.gov.uk/mgAi.aspx?ID=81430>

Following that meeting, the Health Scrutiny Committee Steering Group carried out further engagement with representatives of the programme at its meetings held on 22 September 2021 and 5 January 2022 and an overview of these matters has been communicated to the committee through the standing item; Report of the Health Scrutiny Steering Group at the committee's meetings held on [16 November 2021](#) and [1 February 2022](#).

Jerry Hawker, Senior Responsible Officer (SRO) and Integrated Care System (ICS) 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 will attend the meeting to present on the paper set out at appendix A.

The Health Scrutiny Committee is asked to note the information provided in the paper set out at appendix A, provide feedback on the shortlist of proposals and continue to provide views and guidance on how the programme can help ensure the committee is able to undertake its duties.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

The report at appendix A represents the views of the Lancashire and South Cumbria New Hospitals programme and are not those of Lancashire County Council.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II, if appropriate

N/A

Lancashire Health Overview and Scrutiny Committee: update on Lancashire and South Cumbria New Hospitals Programme

Date of meeting	22 March 2022
Title of paper	New Hospitals Programme update report: shortlist of options
Presented by	Jerry Hawker, ICS Executive Director for the Lancashire and South Cumbria New Hospitals Programme Rebecca Malin, Programme Director, Lancashire and South Cumbria New Hospitals Programme Jane Kenny, Lead Nurse, Lancashire and South Cumbria New Hospitals Programme
Prepared by	Rebecca Malin, Programme Director, Lancashire and South Cumbria New Hospitals Programme Louise Barker, Communications Workstream Project Manager, Lancashire and South Cumbria New Hospitals Programme

Executive summary

The Lancashire and South Cumbria New Hospitals Programme is part of the Government's commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest hospital building programme in a generation. This offers a once-in-a-generation opportunity both to deliver world-class hospital infrastructure from which high-quality services can be provided and to bring significant wider economic benefit for the area.

This paper is intended to provide the committee with an update on the current position of the programme, as well as a recap on the background and the context. The key purpose of this paper is to share the shortlist of options for new hospital facilities and the process that has been followed to determine these with Lancashire HOSC members, and to welcome comment.

In February 2022, the Lancashire and South Cumbria New Hospitals Programme (NHP) reached a significant milestone to appraise the longlist of proposals at a formal workshop. The approach taken was in line with both Her Majesty's Treasury's Green Book guidance and NHS England guidance on planning, assuring and delivering service change for patients and was endorsed at the Lancashire and South Cumbria Strategic Commissioning Committee (SCC) meeting in February. Stakeholder workshops are a key part of demonstrating active and transparent public and stakeholder engagement at all stages of the programme. This paper details the outcome of the workshop and the subsequent decision of the programme's Strategic Oversight Group regarding the shortlist of options.

On 10 March 2022 the shortlist of proposals for new hospital facilities was endorsed by the Lancashire and South Cumbria Strategic Commissioning Committee. The shortlist reflects extensive feedback gathered from more than 12,000 local people, patients, NHS staff, community representatives and stakeholders over the last year, using online workshops and surveys, public opinion research, focus groups, and in-person events and meetings.

The shortlist of options will now undergo further detailed analysis with a focus on the viability of each option.

Recommendation

The Health Overview and Scrutiny Committee is asked to:

1. Note the information provided in this report.
2. Provide feedback on the shortlist of proposals and ask any questions they may have.
3. Continue to provide views and guidance on how the programme can help ensure the Health Overview and Scrutiny Committee is able to undertake its duties.

1. The national New Hospital Programme

- 1.1 In October 2019, the Government launched the Health Infrastructure Plan (HIP). The national New Hospital Programme within the Government's long-term [Health Infrastructure Plan](#) will help develop new sustainability standards, planning capabilities and care and workforce models. It will also implement cutting-edge digital technologies across the NHS, and will support an integrated approach to building new healthcare infrastructure using modern methods of construction. As part of this plan, there is commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest hospital building programme in a generation. University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) and Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) were awarded £5m each as seed funding to progress the required business cases to secure capital investment to redevelop / replace ageing estate, which is no longer fit for purpose.
- 1.2 The Lancashire and South Cumbria New Hospitals Programme is aiming to address significant problems with our ageing hospitals in Preston (Royal Preston Hospital) and Lancaster (Royal Lancaster Infirmary). We also need to invest in Furness General Hospital's infrastructure in the context of its strategic importance and geographically remote location.
- 1.3 No decisions have yet been taken as to what shape new hospital facilities or refurbishments will take or where these will be located.
- 1.4 This is a collaborative programme involving all NHS and partner organisations in Lancashire and South Cumbria. Together, are working together to a) prove why our region needs this investment, b) identify what new hospital facilities should be like, c) understand how new facilities should be configured and d) decide where the new facilities should be located.
- 1.5 By developing a compelling business case, we will be able to secure investment from the Government that will allow us to significantly upgrade our hospital facilities, improving the overall health to local people by offering patients and staff access to advanced, purpose-built hospital facilities in our local area.
- 1.6 Clearly, this is a fundamental and critical programme that will shape the future of hospital services for our people - those who work within it; those cared for by it; and the wider population of Lancashire and South Cumbria, for generations to come.

2. Lancashire and South Cumbria New Hospitals Programme: Our vision and ambition

- 2.1 The New Hospitals Programme offers Lancashire and South Cumbria a once-in-a-generation opportunity to develop new, cutting-edge hospital facilities that

offer the absolute best in modern healthcare and transform our ageing hospitals.

- 2.2 The New Hospitals Programme is a key strategic priority for the Lancashire and South Cumbria Health and Care Partnership (our integrated care system). It sits within the integrated care system's wider strategic vision, with the central aim of delivering world-class hospital infrastructure from which high-quality services can be provided.
- 2.3 Investment in Lancashire and South Cumbria's NHS hospital infrastructure will enable us to provide state-of-the-art facilities and technology, strengthening our position as a centre of excellence for research, education and specialised care. This will significantly boost the attractiveness of the area to potential recruits and the highest calibre of clinicians.
- 2.4 The programme is committed to ensuring new hospitals fully embrace the benefits of digital technologies to create an agile network of care, allowing us to optimise the size of our physical footprint and minimise environmental impact. This will, in turn, enable us to provide more specialised services in our hospitals and deliver more care closer to home as part of the wider ambitions of the Lancashire and South Cumbria Health and Care Partnership.
- 2.5 New hospital facilities will allow the NHS in Lancashire and South Cumbria to take advantage of digital advances, from the highest-specification imaging to assist surgeons in theatres, to artificial intelligence and robotics, to remote patient monitoring systems allowing patients to get home more quickly and safely.
- 2.6 An investment into the local health economy of this magnitude must have a demonstrable positive impact on the care that the NHS provides to patients overall. We are developing our plans to fit within the Lancashire and South Cumbria Health and Care Partnership's [clinical strategy](#), and [NHS Long Term Plan](#). We are confident that this investment in hospitals will accelerate change elsewhere in the health and care system, producing better results for local people.
- 2.7 The New Hospitals Programme will have a positive impact on our local area, acting as a catalyst to deliver wider socio-economic benefits and play a key part in revitalising the regional economy - bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents and helping to build the workforce of the future – as well measures to cut carbon emissions and protect the environment.
- 2.8 Our hospital estate is some of the worst in the North West. It does not comply with many of today's most basic standards and restricts our ambition to provide high-quality, safe, efficient and cost-effective services for our communities.
- 2.9 The condition of Royal Lancaster Infirmary (RLI) and Royal Preston Hospital (RPH) has reached a critical stage. These buildings were designed for a different time and cannot accommodate today's more complex patient needs or new technologies. Without investment, buildings and services could fail. This would create further adverse impact on our patients' deepening health inequalities and increase the burden of ill-health on our population. Any adverse

impact on services due to the quality of the estate at Furness General Hospital would have a deeper impact due to its geographical location. Investment is needed to ensure its sustainability in this strategic context. Other providers across our region would not be able to absorb the resulting increase in demand, impacting their sustainability.

- 2.10 The poor condition of the hospital infrastructure is a structural barrier to our ability to recruit and retain the number of staff we need to deliver services. This is now a significant and increasing issue for our ability to operate effectively and for our sustainability as a health service within the region.

3. New Hospitals Programme timeline

- 3.1 The New Hospitals Programme will be subject to a series of checks and balances, including scrutiny and agreement from decision makers within the NHS, the Government and local authorities.
- 3.2 The UHMBT and LTHTr schemes are in Cohort 4 of the national New Hospital Programme (full adopters). Full adopter schemes will be delivered in the latter half of the decade and will realise the full benefits of the programmatic approach.
- 3.3 We are currently in the proposal development phase of the programme, and are on track to start building new hospital facilities in 2025 and open the facilities by 2030.
- 3.4 Key milestones completed to date:
 - **July 2021:** Publication of the [Case for Change](#)
 - **September 2021:** Announcement of the [longlist of proposals](#) to respond to the Case for Change
 - **March 2022:** Announcement of the [shortlist of proposals](#)

4. The shortlist of options for new hospital facilities

- 4.1 At the February 2022 meeting of the Strategic Commissioning Committee (SCC), members endorsed the approach to appraising the longlist of proposals for the New Hospitals Programme (NHP), noting the approach taken was in line with their legislative duties and commissioners.
- 4.2 Since then, the NHP has reached a significant milestone as the longlist of proposals was narrowed to a shortlist of options.
- 4.3 A formal workshop was held where patient representatives and wider stakeholders positively worked alongside clinical, operational, estates and finance colleagues to appraise the longlist against a set of Critical Success Factors (CSFs).
- 4.4 Working in breakout groups, the workshop received a high degree of engagement and discussion based upon the CSFs. The programme welcomed a breadth of perspective and individual comments and feedback before taking a

majority approach to reach a recommendation as to whether each option should be discontinued or carried forward.

- 4.5 Such stakeholder workshops are a key part of demonstrating active and transparent public and stakeholder engagement at all stages of the programme. There is a duty on Commissioners to demonstrate how this is undertaken prior to any formal consultation and how public engagement has informed all steps of the process.
- 4.6 The output of the workshop was presented to the Strategic Oversight Group (SOG) on 17 February 2022. The Strategic Oversight Group (SOG) considered the outcome along with supporting information to aid their decision making regarding the shortlist of options.
- 4.7 The shortlist of options was endorsed at the Lancashire and South Cumbria Strategic Commissioning Committee (SCC) meeting on 10 March 2022.

5. Appraising the longlist – workshop process and outcome

- 5.1 The NHP team undertook extensive external advice in preparing the workshop receiving advice and recommendations from NHS England and Improvement (NHSE/I), The Consultation Institute and our legal advisors. Workshop participants were provided with an extensive evidence pack to support the shortlisting workshop, with preparatory sessions undertaken to ensure participants fully understood how the workshop would operate. Evidence was presented for each option against the Critical Success Factors.
- 5.2 Workshop participants were drawn from a wide range of stakeholder groups including Trust representatives (Executive and Non-executive), Commissioners (CCG and NHSE/I), Public representatives, Healthwatch, Council representatives, and subject experts.
- 5.3 External professional facilitators were used to support three workshop groups debate the evidence against the Critical Success Factors, with workshop participants asked to conclude on their recommendation as to whether each option should be discounted or carried forward. Participants were encouraged to share any key messages or concerns reviewing the evidence.
- 5.4 Feedback from each sub-group was collated and combined to create a single consensus view. This was then shared with all workshop participants and a collective recommendation on the shortlist agreed for forwarding to the Strategic Oversight Group (SOG).
- 5.5 Key points of feedback from each workshop sub-group were also collated and shared with workshop participants and are summarised below.
 - a) Some participants expressed concern regarding the continuity of services in the options for partial rebuild / refurbishment on the existing site, together with the aspects of future flexibility and digital integration where there will be a mix of old and new estate.

- b) Some concern regarding the level of compromise for partial rebuild / refurbishment on the existing site options.
- c) Several participants commented that option 9 (single new hospital on a new central site to replace both Royal Preston Hospital and Royal Lancaster Infirmary), had a lot of positive evidence in terms of clinical, workforce and financial benefits which had to be balanced against the counter evidence regarding impact on inequalities / access and travel times.

6. The shortlist of options

- 6.1 The Strategic Oversight Group (SOG) received the outcome from the workshop including the recommended shortlist of options. The SOG discussed the points of difference and welcomed the key items of feedback noting the continued importance and benefits of involvement from a wide range of stakeholders.
- 6.2 The SOG approved the following recommended shortlist of options for the New Hospitals Programme as below. This has been endorsed by Strategic Commissioning Committee:
 - New Royal Lancaster Infirmary on a new site, with partial rebuild / refurbishment of Royal Preston Hospital (Option 4).
 - New Royal Preston Hospital on a new site, with partial rebuild / refurbishment of Royal Lancaster Infirmary (Option 6).
 - Investment at both hospitals, allowing partial rebuilding work on both existing sites (Option 7).
 - Two new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital (new sites) (Option 10).
- 6.3 All the above options include investment in Furness General Hospital, in line with the Case for Change and national ambitions of the new hospital programme.
- 6.4 In line with NHS guidelines, the shortlisted proposals will be benchmarked against options for no change and limited investment to Royal Lancaster Infirmary and Royal Preston Hospital to address essential backlog maintenance (Options 1 and 2).
- 6.5 Options discounted from the shortlist after detailed consideration are as follows:
 - New Royal Lancaster Infirmary on the existing site, with partial rebuild / refurbishment of Royal Preston Hospital (Option 3).
 - New Royal Preston Hospital on the existing site, with partial rebuild / refurbishment of Royal Lancaster Infirmary (Option 5).
 - New Royal Preston Hospital built on a new site, existing Royal Preston Hospital site retained for some services and partial rebuild of Royal Lancaster Infirmary (Option 8).
 - Single new hospital on a new central site to replace both Royal Preston Hospital and Royal Lancaster Infirmary (some local services

to be retained in a new integrated community centres in Preston and Lancaster) (Option 9).

- 6.6 The shortlisted options will now undergo further detailed analysis; including achievability (incorporating site footprint, land availability, planning considerations, service continuity); and affordability (i.e. does the option make best use of financial resources available).
- 6.7 Following this detailed analysis, if options on the shortlist that are achievable are deemed to involve a substantial service variation and therefore the potential requirement to consult, the NHP is required to prepare the required pre-consultation business case (PCBC) for submission to NHSE/I, aligned to the NHSE's Planning, assuring and delivering service change for patients guidance. The programme will follow a clear process over the coming months, with scrutiny and approvals needed from decision makers within the NHS, the government and local authorities, and ongoing patient and public involvement before the preferred option is agreed.
- 6.8 Any PCBC and associated consultation document would explain the basis for the shortlisting decision and contain sufficient information about those options that were not shortlisted, and the reasons for this, to allow consultees to comment on them if they wish to do so.
- 6.9 In parallel, NHSI's capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts (2018) requires a Strategic Outline Case for investment in capital. The NHP is developing the SOC in parallel with the PCBC (if required).

7. Involving and engaging our workforce, patients and population

- 7.1 Engagement and consultation with patients, local people, staff and stakeholders is incorporated throughout the New Hospitals Programme's process and will inform and shape final proposals. Throughout the programme there will be regular opportunities for local people and staff to engage and to influence the business case.
- 7.2 We have embarked on a programme of regular communications and engagement opportunities during the options development period, designed to create maximum awareness and understanding of the programme and the proposals amongst local people, patients, staff and stakeholders.
- 7.3 Our communications programme is designed to include as many channels and touchpoints as possible (including a dedicated programme website at <https://newhospitals.info>, social media through NHP (<https://facebook.com/NewHospitalsLSC> and <https://twitter.com/NewHospitalsLSC>) and partner channels, press and broadcast media, advertising through local radio, print media and online, and staff communications.

- 7.4 We've also been in regular communication with local MPs and councillors to update them on the programme and hear their views on behalf of their constituents.
- 7.5 To enable them to share their views, the New Hospitals Programme launched an online platform specifically for engaging with local NHS staff, community representatives and Foundation Trust Members. Known as The Big Chat, the platform has been used to ask people about their hopes, fears and expectations for proposals for new hospital facilities. It has also been used to share important programme updates including the Case for Change and the selection criteria used to determine the shortlist and the longlist of proposals. Updates have been shared through partner internal communications channels, including staff newsletters and email updates. Two colleague summits were held in May and June 2021, with two more events planned for March 2022. The New Hospitals Programme team has joined team meetings and forums to provide updates and answer questions.
- 7.6 We have partnered with Healthwatch Together to run focus groups and workshops with under-represented communities. Through this work we have reached out to a wide variety of groups including ethnic minority groups, people with disabilities, people who are homeless, people with language barriers, military veterans, rural communities and ex-offenders. Interviews have taken place in person and over the phone. We've also been out and about, chatting with local people at a series of in-person roadshows around the region, organised by Healthwatch Together. 16 roadshow events took place in different locations in the autumn of 2021. They provided an opportunity for local people to ask questions face-to-face and have their say. The main topic of conversation at these events was the longlist of possible solutions for hospital facilities in Lancaster, Preston and Barrow-in-Furness.
- 7.7 As of 30 November 2021, 12,281 different individuals have been involved in one or more New Hospitals Programme engagement activities. Public and patients account for 29% of these interactions and Trust staff account for 23%. Inclusion groups (including those with protected characteristics) and service users (especially those who have difficulty with mobility, stamina, dexterity and mental cognisance) each make up 22% of interactions. The remaining interactions have come from expert patient groups and political stakeholders. The Big Chat platform for staff, community representatives and Foundation Trust Members has received 22,374 visits, (12,586 unique visitors), with 3,000 people joining the conversation.
- 7.8 It is important that the NHP team is mindful of other developments, engagement and consultations that are taking place during the lifecycle of the programme. For example, the Shaping Care Together Programme. The New Hospitals Programme team will maintain close links with any relevant

programmes or initiatives, working with partners to share learnings and identify opportunities for joint learnings as our respective programmes develop.

8. Continued public engagement

- 8.1 We recognise and welcome the need to work with the Health Overview and Scrutiny Committee to assess each shortlisted proposal in terms of the scale and nature of any potential changes to how people access services and the care provided. While the scale of any potential change and the impact on patient outcomes will determine whether public consultation is required, engagement with the public will continue to be a core principle of the programme and the ongoing development of proposals.

Health Scrutiny Committee

Meeting to be held on Tuesday 22nd March 2022

Electoral Division affected:
Burscough & Rufford;
Ormskirk;
Skelmersdale Central;
Skelmersdale East;
Skelmersdale West;
West Lancashire East;
West Lancashire North;
West Lancashire West;

Corporate Priorities:
N/A

Shaping Care Together Programme – Engagement Update

(Appendices A and B refer)

Contact for further information:

Kevin Meagher, SCT Stakeholder Engagement Lead, shaping.caretogether@nhs.net

Brief Summary

Shaping Care Together (SCT) is run by NHS leaders across West Lancashire, Formby and Southport, which seeks to ‘futureproof’ the NHS by looking at new ways of working and new ways of delivering services.

Recommendation

The Health Scrutiny Committee is asked to consider and discuss the progress of Shaping Care Together engagement with public and staff over the previous year.

Detail

Since the beginning of January 2021, SCT has been listening to the thoughts, opinions and ideas from residents, patients, staff, and stakeholders. So far, SCT has received more than 2,500 responses through an online questionnaire and hard copy feedback forms, we’ve run 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 emerging from the engagement so far include:

- 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

All of the responses received so far are collected and analysed and have helped feed into the programme in a number of ways, most importantly the development of the future Models of Care.

On 8 March 2022, Shaping Care Together published its '*Our Challenges and Opportunities*' paper; a discussion document that draws on the issues raised so far in the engagement programme, and the opportunities that exist to create a better future for local health and care. Following this, there will be a series of public and staff engagement workshops alongside 1-2-1 sessions with Members of Parliament and wider council member briefings. A copy of the Our Challenges and Opportunities paper is set out appendix B.

There is still time to contribute views by completing a survey from the dedicated website www.yoursayshapingcaretogether.co.uk where you will also find more information about the programme along with a short, animated video.

Representatives from the Shaping Care Together programme will attend the meeting to deliver a presentation (appendix A) on the engagement, headline themes and next steps since the last update was presented to the Health Scrutiny Committee at its meeting on [2 February 2021](#). The Education and Children's Services Scrutiny Committee at its meeting scheduled for 16 March 2022, will be considering the same report, and asked to provide its views from the perspective of children's service provision. The Health Scrutiny Committee is asked to provide its views from the perspective of adult service provision.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

The information contained at appendices A and B represent the views of the Shaping Care Together programme and are not those of Lancashire County Council.

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

Shaping Care Together

Lancashire County Council
Health Scrutiny Committee
22 March 2022



Shaping Care Together...

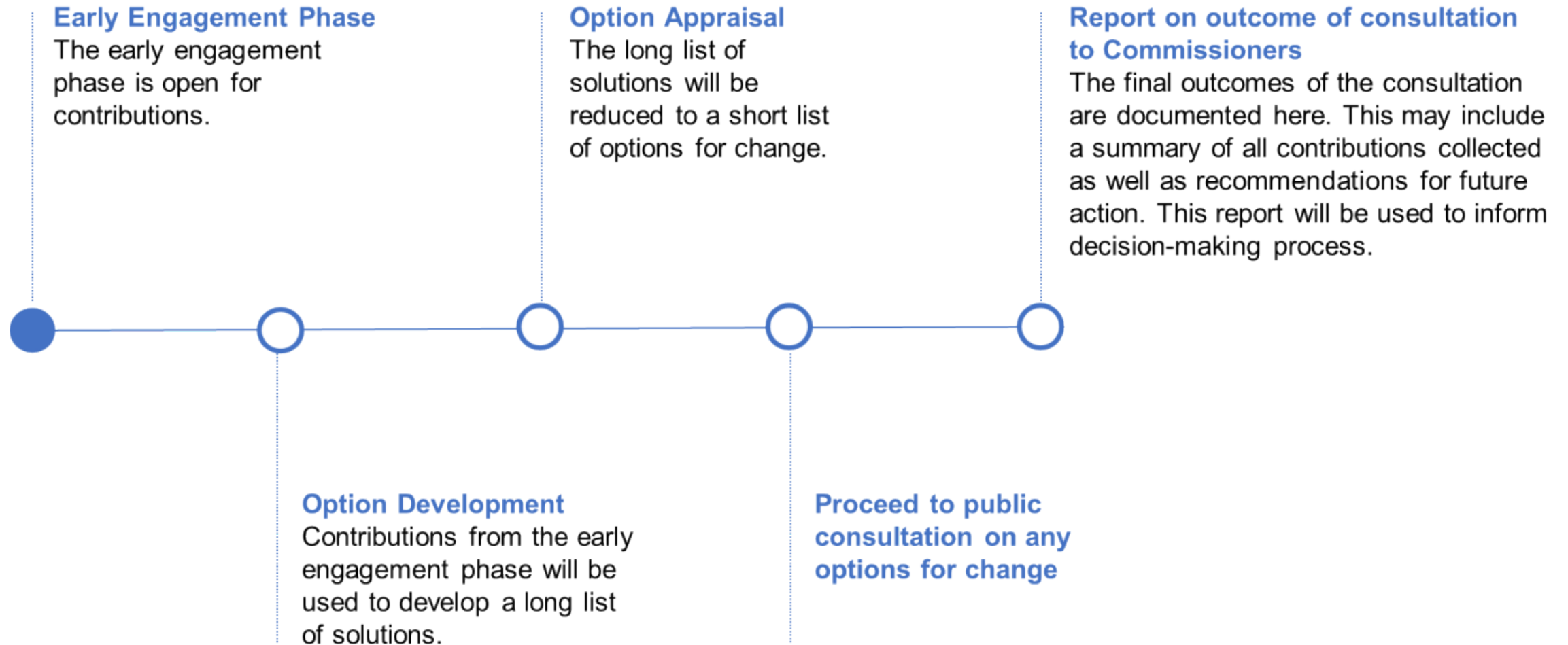


Engagement and consultation...

“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

Headline themes to date...

Good...

- 170 respondents are positive about staff
- 30 commend the WIC / UTC at Ormskirk
- 87 are content about the location of services

Less good...

- 57 feel there are staff shortages in certain areas
- 15 outline issues with care in the community / closer to home
- 18 say there needs to be better transport links

Next steps...

- Challenges and Opportunities (C&O) Paper recently published
- 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



"Building on the national NHS Long Term Plan, our aim is to continue to make health and care services in the local area seamless to help patients get the right care in the right place, at the right time."



Any questions?



PRESS RELEASE: SHAPING CARE TOGETHER

UNDER EMBARGO UNTIL 9AM TUESDAY 8 MARCH 2022

LOCAL HEALTH ORGANISATIONS PUBLISH PAPER OUTLINING THE CHALLENGES AND OPPORTUNITIES FOR HEALTH AND CARE SERVICES

A programme for improving health and care services in Southport, Formby and West Lancashire has published its engagement document identifying a number of local health and care challenges and opportunities to provide better care for patients.

Shaping Care Together, led by Southport and Ormskirk Hospital NHS Trust, NHS Southport and Formby clinical commissioning group (CCG) and NHS West Lancashire CCG, aims to improve health and care sustainably into the future by addressing a number of long-standing health and care challenges.

The Paper - *Our Challenges and Opportunities* - outlines the case for change, some of the main challenges the programme has heard during its engagement, and some opportunities that exist which could help to provide better care in the local area.

Ann Marr, Chief Executive of Southport and Ormskirk Hospital NHS Trust, said: “*Since the beginning of January 2021, through more than 2,500 responses to surveys, conversations and discussion groups with patients, local residents, staff and stakeholders, we have heard what really matters for local people and their NHS.*”

“This Paper represents the next step in our journey to create a better and more sustainable future for our local NHS services. We are encouraging all members of our communities to talk to us more about how to improve the services we deliver.”

Shaping Care Together is also running online engagement events on the following dates:

- Wednesday 16 March, 2022: 10:30 - 12:00
- Thursday 17 March, 2022: 18:00 - 19:30

These events will give people the chance to talk to, and hear from, clinicians and the programme team, and share their views and ideas to shape the programme. People can register their interest to attend here - www.yoursayshapingcaretogether.co.uk/events

More information about *Shaping Care Together* can be found on the programme website - www.yoursayshapingcaretogether.co.uk

ENDS

Notes to editors

- For interviews or further information, please contact Chris Knights on shaping.caretogether@nhs.net or 07881 097 985



Shaping Care Together

Our Challenges and Opportunities

Foreword

At the beginning of 2021, we began asking local people what they thought about the health and care services provided in Southport, Formby and West Lancashire.

We want to continue that conversation and this document represents the next step in our journey to involve residents in designing high-quality health and care services that are sustainable for years to come.

Our local health and care organisations aim to provide safe, compassionate and high-quality care. However, some challenges described later in this document, such as issues with buildings and sites, challenges with recruitment and retention, and the location of some services and how people access them, demand new ways of working and new ways of providing care.

Like many areas across the UK, our population is growing and ageing – more people need care more often, especially those with complex or long-term health conditions. Hospital attendances and admissions are rising – putting extra pressure on an already challenged health and care system. Meanwhile, we are struggling to recruit the right number of staff, particularly in some specialist roles, and we are working from out-of-date buildings which are not suited for the needs of today's mainly older and more vulnerable patients.

The NHS has limited budgets and we now know there will not be any significant additional funds for the foreseeable future to develop new hospitals locally, provide additional services, or invest substantially in our existing hospital sites.

Before the Covid pandemic, the health and care organisations in Southport, Formby and West Lancashire were already reviewing the way in which health and care services were delivered to improve the health and wellbeing of local people. During the pandemic, local people and organisations have successfully come together to support each other and make rapid changes to the way in which services are delivered. We now want to build on that progress.

Southport and Ormskirk Hospital NHS Trust has also announced an agreement for long-term collaboration with St Helens and Knowsley Teaching Hospitals NHS Trust, a high performing organisation rated 'Outstanding' by the Care Quality Commission.

Ultimately, the partnership agreement will:

- sustain the delivery of improved outcomes for patients
- ensure high quality and sustainable hospital services
- give staff greater opportunity to develop their professional skills
- make best use of available resources
- mean that Southport and Ormskirk benefits from partnering with a trust rated 'Outstanding'.



This is a great opportunity for both trusts and will build on the best of both organisations. It is a key part of our improvement journey and complements our work as part of *Shaping Care Together*. We are, of course, exploring how best to maximise the opportunities it gives us, and we will continue to seek the views and ideas of all our stakeholders to help shape this partnership.

This document sets out why we need to change the way local health and care services are delivered. It highlights our ambitions for improving the health and wellbeing of the local population. It also describes some of the challenges we face in both the demand for healthcare and its cost. We need to address these issues and we believe we can do things better by doing them differently.

We are very early in the process, and we are now asking everyone in Southport, Formby and West Lancashire to help by sharing with us what they like about their health service locally and what we could do to further improve.

We look forward to all of us *Shaping Care Together*.



Ann Marr
Senior Responsible Officer
Shaping Care Together



Fiona Taylor
Chief Officer
NHS Southport and Formby CCG
and NHS South Sefton CCG



Paul Kingan
Deputy Chief Officer
NHS West Lancashire CCG

Southport & Formby CCG



Southport & Formby District General Hospital

West Lancashire CCG



Ormskirk District General Hospital

Our vision for health services in the future

Southport, Formby and West Lancashire health and care providers have been examining how we can work better together to provide better and improved health and care for patients. Building on the national NHS Long Term Plan, our aim is to continue to make health and care services in the local area seamless to help patients get the right care in the right place, at the right time.

Our vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We want to do this by creating and delivering safe, integrated and sustainable services that meet people's needs using the best assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available when and where it's needed.

Our journey

Hospitals in both Southport and Ormskirk have been working to resolve various issues described later in this document for some time. Two independent NHS reports completed by two different independent NHS England Clinical Senates were clear that changes are needed to create affordable, quality services that last.

A joint committee of NHS Southport and Formby Clinical Commissioning Group (CCG) and NHS West Lancashire CCG has been created to look at potential solutions. These may include working with partners elsewhere in the NHS to help deliver some of the hospital services for Southport and Ormskirk.

Early Engagement Phase

The early engagement phase is open for contributions.

Options Appraisal

The long list of solutions will be reduced to a short list of options for change.

Report on outcome of consultation to Commissioners

The final outcomes of the consultation are documented here. This may include a summary of all contributions collected as well as recommendations for future action. This report will be used to inform the decision-making process.

Options Development

Contributions from the early engagement phase will be used to develop a long list of solutions.

Proceed to public consultation on any options for change

Why we need to change

Many of our hospital services were designed decades ago to respond to the health needs of the population at that time. This means they are not quite right to meet today's challenges and expectations.

The key challenges we are facing include:

Demographic changes

Most of us now lead healthier, longer lives – thanks to our improved lifestyles, advances in medical care and treatment, better housing and overall living standards. But having a larger, older population means that more of us need more regular care – especially people with long-term conditions like breathing difficulties or dementia.

This is very much the case in Sefton and West Lancashire, which has one of the most elderly populations in the country. By 2036, it is estimated that one-in-four people in West Lancashire and one-in-three people in Sefton will be 65 and over. All too often, people need to visit a hospital simply because there is not a more appropriate service available for them.

Recruitment and retention

Across the country, the NHS is struggling to recruit the right number of staff, particularly in some specialist roles, due to national shortages. It is projected that, nationally, the gap between the staff we need for our population and the number available could reach 250,000 by 2030.

Like many other areas, we have a significant number of unfilled vacancies for nurses, healthcare assistants and consultants and, like many other NHS organisations, we are filling a lot of posts with temporary locum staff. This adds to the financial pressures for each organisation.

We often find that a high turnover of staff impacts the skills-mix required and the morale of other staff. Colleagues often work across multiple sites, which means time is spent travelling instead of seeing patients. To help tackle this, we are investing £1million in more nurses and healthcare assistants, but we know this will not go far enough.

We also know we will need more staff as the number of older people, and the number of people living with complex health conditions, both continue to rise. However, across the UK, there remains a shortage of people training for careers in medicine.

Maintaining clinical care

The latest Care Quality Commission report recognised the improvements we have made in the quality of health and care provided. However, it also recognised how we need to adapt and change the models in which we deliver care to meet the needs of the future, specifically the issues involved with working across two sites and how it puts more strain on our staff.

We know that communication between services needs improving, and that bringing together multi-agency teams will advance seamless service delivery.

Finances

The challenges we are facing locally include how we deliver better services for the future, using the money and the staff we currently have. Saving money does not mean stopping services, although we know changes are needed to reduce duplication.

We have stabilised our annual deficit at around £30million. Unfortunately, it has now become clear that there will not be a significant pot of money in the foreseeable future to develop new hospitals, provide additional services or invest majorly in our existing hospital sites. Without major investment, we will have to find innovative ways to deliver services differently.

Buildings and sites

A key challenge is ensuring our buildings and sites are suitable to be used in the long term, so that any investments we make will not go to waste after a short period.

We are working from out-of-date buildings – which are not always suited for our population's needs including our many older, frailer patients. Without significant investment, we will need to spend more on maintaining our buildings to a standard that is fit to deliver our services.

Covid-19 pandemic

Alongside all of this, there are the ongoing challenges resulting from the Covid pandemic. Local NHS and public services will continue to respond with professionalism and dedication to meet the immediate health needs of people affected by the virus.



However, this means that some other services have been affected since the pandemic began and may continue to be affected well into the future. We are working hard to both reinstate services that were put on hold to support the pandemic response and to respond to local need.

Fragile services

The partnership between Southport and Ormskirk Hospital NHS Trust and neighbouring St Helens and Knowsley Teaching Hospitals NHS Trust is driven by the need to make a dozen or so "fragile" services at Southport and Ormskirk sustainable. These are services which are too small to stand alone and keep providing patients with the standards of care they deserve.

The Covid pandemic has compounded the difficulties these services face. The partnership aims to stabilise the services in the immediate future, while *Shaping Care Together* is looking to develop proposals that makes sure there is long-term sustainability of health and care services in Southport, Formby and West Lancashire.

Opportunities for better care

Despite the many challenges we face on a daily basis delivering high quality care and responding to a global pandemic, we are still seeing a shared enthusiasm and passion for exploring ways in which we can improve the services we deliver for our patients and population. The key opportunities include:

Technology

Our digital strategy highlights how improvements in digital technologies will support different ways of working and will see better communication between staff, greater collaboration between teams, and provide more joined up care between organisations. We need to build on this and ensure better collaboration between all health and care partners.

Community health and care services

Shifting more care out of hospital and into the community is one of the improvements outlined in the NHS Long Term Plan and will help ensure we meet the changing health needs of the local community over the coming decade.

Community health services offer a wide range of services and provide care for people from birth to the end of their lives. Community health teams play a vital role in supporting people with complex health and care needs to live independently in their own home for as long as possible. We want to work better with community health services and ultimately make sure people are receiving the right care in the right place, at the right time.

Long-term collaboration between neighbouring trusts

Southport and Ormskirk Hospital NHS Trust recently announced an agreement for a long-term collaboration with neighbouring St Helens and Knowsley Teaching Hospitals NHS Trust. This partnership will help both organisations make best use of available resources and mean Southport and Ormskirk benefits from partnering with a trust rated 'Outstanding' by the Care Quality Commission. Crucially, it will help us to improve outcomes for patients by ensuring high quality and sustainable hospital services.

This is a great opportunity for both trusts and will build on the best of both organisations. It is a key part of our improvement journey and complements *Shaping Care Together*. At this moment in time, we are exploring how best to maximise the opportunities the new partnership gives us, and we are continuing to seek the views and ideas of our various stakeholders as we do this.

Services which need to change

We have identified a number of service areas that need to change across Southport, Formby and West Lancashire. These continue to face ever increasing demand. We need to be bold in the way we look at how we can deliver these services differently, so that we can continue to provide high-quality care. The services are:



Care for the frail and elderly



Care for those who need urgent or emergency treatment



Care for children



Maternity care for pregnant women and new-born babies



Care relating to women's reproductive and urinary systems (gynaecology)



Sexual health care



Planned care (for example, outpatient appointments)

Care for the frail and elderly

The proportion of frail elderly patients attending Accident and Emergency (A&E) was 20.2 per cent in 2017 and is projected to rise to 30.6 per cent by 2039. Local stakeholders consider this a cautious estimate and emphasise that doing nothing is not an option.

Challenges

People are living longer, and we have one of the most elderly populations in the country. We expect a rise in the number of frail and elderly people in our area, meaning more pressure on A&E, more hospital admissions, and more pressure on the beds we have available to patients. **We cannot cope with this demand**, so we need to make significant changes in how we deliver services and invest heavily in upgrading our buildings, but also explore how best to deliver more care in a community setting.

There is a **shortage of geriatricians** (who treat and care for older adults) across the country, and we are struggling to staff our current service locally. Currently, there are no geriatricians at Southport and Ormskirk Hospital NHS Trust and the wards are currently staffed by locum doctors. Soon we will not have the capacity or the staff we need to deliver a safe, effective service – so major change and new models of care are needed urgently.

The provision of support for care in the community makes discharging patients from hospital difficult. This delay means frail patients face an **increased length of stay in hospital**, which we want to avoid where possible.

Southport and Ormskirk's **Frail Elderly Short Stay Unit is always at capacity** and is accessed inappropriately by people who need longer-term recovery care outside of hospital. Our staffing challenges mean we are only providing a limited outreach service.

There is **insufficient intermediate care / 'step down' facilities** for people who are ready to be discharged from hospital but need longer-term recovery care.

Intermediate Care is an NHS service providing free temporary care for up to six weeks at home or in a residential care home following a fall or a short illness. It can happen in a patient's own home, in a care home or in hospital.

It is usually arranged by the hospital social work team before patients are discharged. But it can also be used to enable patients to stay at home following an emergency disruption to care arrangements (for example, if the person supporting the patient has to go into hospital).

Opportunities

We are looking at potential opportunities for a **dedicated intermediate care facility** in the local area that will improve timely discharge and provide additional care in the community.

It is widely recognised in the NHS that care for frail and elderly patients would be better delivered closer to home. It could be in a community setting or within their own home and we want to work together with our partners to provide better care in the community and help prevent people presenting to hospital.



Urgent and emergency care

We know we need to be better at creating awareness of the wide range of services that can provide the right care, at the right time, and often without a long wait in an emergency department or to be discharged home.

Challenges

People find the **current health system too complex and confusing**, so are unsure where to go for help. Many people who use urgent care services could, and should in fact, be cared for outside of hospital instead. Between 2018 and 2019, around one-in-eight of all patients presenting at our A&Es did not require treatment, so were given guidance or advice.

Overcrowding in emergency departments can create a situation where patients are treated in corridors and being held in temporary wards while they wait for a bed. This leads to poor patient experience, and means staff are often in the wrong ward areas.

Winter pressures now continue year-round and, coupled with the Covid pandemic, impact on quality, safety and performance pressures in our A&Es. We currently have enough staff to meet current demand, but we do not have the staff or capacity to manage the predicted growth in patient numbers. We need more staff to deliver services, but nationally we have a shortage of urgent and emergency consultants and nurses, and we are struggling to recruit to fill these vacancies.

Patients often **wait a long time to be discharged** and for the relevant post-hospital care packages to be put

in place. This leads to longer stays in hospital and delayed transfers – even when people are fit to go home.

Child attendances at A&E are rising every year. In West Lancashire, the number of under-5s attending children's A&E is more than double the national average.

Opportunities

We need to improve **signposting** and introduce **care navigators** to guide patients through the system and improve the coordination of care when patients do present to hospital. A single point of access should happen from when you enter A&E, where GPs and community staff can help to direct patients to the right service, and we want to explore how best to achieve this.

Through the **24/7 national NHS 111** helpline, trained staff, doctors and nurses can give self-care advice or direct you to the best local service. The online service can offer a call-back from a doctor or nurse, if needed. There are several opportunities to develop the NHS 111 service to support more people.

New Primary Care Networks and Integrated Care Teams provide an opportunity for us to work more closely with our GP and community services. Groups of GP practices could offer evening and weekend appointments, we could use technology to share information, and help patients be healthier and manage their long-term conditions. Developing our community services could help people **stay independent** and leave hospital as soon as they are well enough.

A multi-disciplinary team at the 'front door' of A&E will allow patients attending the renamed Urgent and Emergency Care Centre to be treated in the right place at the right time. This is not a new building or upgrade – it is a redesign of the process to reduce the growth in demand for emergency services and therefore reduce the stress on the system. The initial assessment will direct the patient to the most appropriate care setting whether it be in the hospital or in the community, and the patient will not need to be processed through A&E if they don't need to be treated there.

Through working alongside other care providers, patients who do not need to be treated in hospital will be **cared for closer to home in community settings** (e.g., in GP practices, community centres or local clinics). This will free up hospital beds for those most in need and give patients the best possible care.

A Primary Care Network is where different GP practices work in close cooperation with one another and with community, mental health, social care, pharmacy, hospital and voluntary services in their local area, to improve community health and welfare.

A multi-disciplinary team is a group of health care workers who are members of different disciplines (professions e.g., Psychiatrists, Social Workers, etc.), each providing specific services to the patient. The team members independently treat various issues a patient may have, focussing on the issues in which they specialise.

Care for children

Children living in poverty and experiencing disadvantage in the UK are more likely to die in the first year of life; be born small, be bottle fed; breathe second-hand smoke; become overweight; perform poorly in school; die in an accident and become a young parent. As adults, they are more likely to die earlier, be out of work, live in poor housing, to receive inadequate wages and experience poor health.

Investing time, energy and resource on improving health outcomes for children and their families is therefore undeniably critical and we intend to do just that.

Challenges

We are seeing an increase in the number of children with **complex health conditions**, and we are projecting that this will only increase in the future.

Self-harm incidence in local children is high. The number of under-18s in Sefton being admitted for **mental health care** is above the England average.

There are also **higher rates of children who are vulnerable** or have Special Educational Needs, with more children in low-income families than the national average. All these factors link closely to emotional and physical health and wellbeing.

Opportunities

Combining adult's and children's A&E along with the clinical support services could ease some of the issues we are facing and help make sure we have the right staff 24/7.

The Joint Strategic Needs Assessment (JSNA) report for Sefton contained recommendations for improving outcomes for children. This included a focus on child support and development, parenting and early years, prevention and early diagnosis, and activity to solve issues associated with childhood poverty. The report for West Lancashire included recommendations around Special Educational Needs and Disabilities.

Maternity care for pregnant women and new-born babies

We want to empower women by putting them at the centre of their care so that they and their families have the best possible support. We want to help them make informed choices, leading to a positive pregnancy, a positive birth experience and a healthy baby.

Challenges

Maternity and neonatal services are affected by the **medical staffing pressures**, particularly the availability of senior decision-makers.

The number of women of child-bearing age has been decreasing year-on-year, resulting in a **decrease in births**. But more expectant mothers have **complex needs**, linked to a higher body mass index (BMI), diabetes, medical co-morbidity, and smoking. This means **more scans and inductions** are needed during pregnancy.

There is a **high level of neonatal mortality** across Lancashire, and more babies are being born with **low birth weights**. **Breastfeeding rates** for new mothers in Sefton and Lancashire are significantly below the national average.

Opportunities

We can achieve **better births** by connecting services together to provide a wholesome support around a mother's needs. We can design a service where women can access the advice and guidance they need, including a single telephone number to call for support.

We can provide better choice by providing a selection of birth settings that are high quality and safe, financially realistic and the right staff skill-mix. New technology such as developing two-way digital records is another opportunity for improving our services.



Care relating to women's reproductive and urinary systems (gynaecology) and sexual health care

In general, females have greater health and care requirements in comparison to males across their lifetime, although there are signs that these services are not meeting their specific health needs. Greater integration of primary care, gynaecology and sexual and reproductive healthcare services could help to guarantee women's reproductive wellbeing.

Challenges

Under-16 teenage pregnancies remain high in both Sefton and Lancashire. The number of diagnosed **sexually transmitted infections (STIs)** is below the national average, but high for the population area.

Maternity and gynaecology **emergency cases** are cared for by the same group of medical professionals but operating from different sites. Moving them to one site would be a more efficient use of resources.

Opportunities

The gynaecology and sexual health **model of care** is designed to improve integration with other services. The model requires better coordination across service providers to ensure appropriate access to specialist care and assumes a significant shift in focus and commitment across health and care.

Sustaining services will rely on a much **more networked approach to service delivery** with all organisations working in partnership to ensure that staff can

be recruited and retained, and the service managed as both a high quality and affordable proposition. It will provide direct access to a gynaecological service 24/7 and community-based sexual health services.

Maintaining clinical care

The latest Care Quality Commission report recognised the improvements we have made in the quality of health and care provided. However, it also recognised how we need to adapt and change the models in which we deliver care to meet the needs of the future, specifically the issues involved with working across two sites and how it puts more strain on our staff.

We know that communication between services needs improving, and that bringing together multi-agency teams will advance seamless service delivery.

Planned care (for example, outpatient appointments)

Demand for elective care services continues to grow and more patients are being referred for treatment than hospitals are able to treat. Therefore, there are more patients waiting to be seen - and in many cases are waiting longer than 18 weeks for treatment to start. This situation has been worsened by the pandemic.

Challenges

The pandemic has been a **significant issue nationally and locally** and it has impacted on all aspects of elective and diagnostic activity with services having been disrupted. This has led to a considerable backlog of people waiting for NHS treatment.

While urgent and emergency and cancer surgery has largely been maintained, much of the growth in waiting lists is for treatment that is considered 'low priority' but a high volume of them is needed.

Complexity of elective care has increased over the past few years and we anticipate this to increase in the future. For instance, there are now many types of hip replacement offerings, and we need to realise how best to tackle these changes as they develop.

Opportunities

Outpatient redesign is a key part of the Covid-19 recovery with potential opportunities to increase and drive forward the move to online 'digital' hospital support.

So that we can tackle the **backlog of elective surgery**, we are working closely with community providers to identify community and hospital-based settings to deliver elective surgeries, and this will ultimately help us to improve how we work better together well into the future. We are also increasing day case rates and hospital efficiency which will again help us to change and improve local processes.



What happens next?

Thank you for taking the time to read this document.

We now want to hear your views about the challenges we face and the reasons why we need to change. Your thoughts, opinions, ideas, and feedback will help inform the design of new Models of Care which will outline what we can do better. These Models of Care will then be used to develop specific options for how services might change.

We want to hear from you... residents, patients, families, staff, and carers. We want to understand your thoughts, feelings, and ideas about local health and care and how it can be improved.

You can send us your thoughts in several ways.

You can complete the questionnaire online
www.yoursayshapingcaretogether.co.uk/

And you can also email us your views at
shaping.caretogether@nhs.net

Health Scrutiny Committee

Meeting to be held on Tuesday 22 March 2022

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A

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

Brief Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 9 February 2022.

Recommendation

The Health Scrutiny Committee is asked to receive the report of its steering group.

Detail

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 9 February 2022**

UHMBT - Urology and Trauma and Orthopaedic Services

The Chair welcomed to the meeting representatives from the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT), Aaron Cummins, Chief Executive, Mike Thomas, Chair, Phil Woodford, Director of Corporate Affairs, Richard Sachs, Director of Governance, Damien Riley, Associate Medical Director, and Dr David Levy, Regional Medical Director from NHS England and Improvement North West and Chair of the System Improvement Board to present on the approach adopted to develop actions arising from the recommendations in the Niche Health and Social Care Consulting report into urology services and the Royal College of Surgeons report on trauma and orthopaedic services at the trust.

A copy of the presentation is set out in the minutes.

Dr Levy provided the steering group with a narrative to the concerns raised in relation to urology services and trauma and orthopaedic services at the trust. Key issues for the trust included culture and governance. CQC visits had also highlighted significant issues. It was explained that a System Improvement Board had been established to oversee and support improvements at the trust with a programme of improvement and exit criteria being agreed between the two bodies for the next 18 months to 2 years. Dr Levy offered to share the exit criteria with the steering group.

Comments and queries from the steering group were as follows:

- Culture was a key foundation stone of the trust's Recovery Support Programme. The trust looked at their challenges and looked back to the foundations of UHMBT and issues with Urology and Trauma Orthopaedics. It was recognised that staff engagement was vital to move forward. It was noticed in the past issues were raised and dealt with but not quickly or sustainably. The trust undertook cultural engagement work using an online platform to promote engagement and used answers from a cultural engagement survey and national staff survey which received an encouraging number of responses, this told the leadership team the staff wanted to be involved and the feedback was used to design the Cultural Improvement Programme. The next step was to reflect to those who participated in the survey before collating and agreeing actions. There was also a Leadership Development Programme to develop existing members of the leadership team or recruit.
- Partnership work with Clinical Commissioning Groups (CCGs) and local authorities was the key to the journey and success. UHMBT also received support, additional funding, and expertise from the NHS national Recovery Support Programme Team.
- It was clarified that next to recommendations in the report, actions remained as 'no' or in red until actions were delivered. With regard to member's queries on recommendations 67(E) and 11; NICHE would return to the trust in Autumn 2022 to conduct their Phase 5 review and work with UHMBT to objectively check that the actions were delivered and achieved at an acceptable standard and the impact they would expect. Also, until the work was completed with the Cultural Improvement Programme, Professional Relationships would remain as an issue until the chief executive was satisfied.
- It was further clarified that Jane McNicholas was appointed Interim Medical Director to look at the quality and capability of the clinical leadership teams to deliver the clinical strategy, the clinical vision for services with those new teams, and to ensure that the culture of clinical leadership was embedded into the Cultural Improvement Program.
- It was explained that named consultants was difficult for UHMBT, as there were multiple sites which span a large area and consultants travelled between sites, which they did not want to reflect on the patient's journey. Therefore, changes were made to how lead consultants or named teams were allocated to patients. The clinical strategy would lead to more consolidation of services. The trust was aware that running services over multiple sites and over a large area was more challenging than a different trust which could run all its services on one site.
- Members queried the total number of patients there were from the 44 responses received as part of the Urology Patient Experience rating (December 2021), UHMBT would find out and feed this back to the steering group.
- A request was made for more detail on the Do Not Attempt CPR issues, to determine if this was specifically paperwork or more substantial issues.
- UHMBT were satisfied that with their new appointments and additional support there was the capacity and capability to deliver the improvements. It was suggested that Phil Woodford contact Gary Halsall to appraise him of what's planned over the next 12 months with the System Improvement

Board's forward-looking agenda to help inform when the steering group could schedule future updates on these matters.

Members thanked UHMBT for attending the meeting and for their honesty when responding to questions.

Actions: UHMBT to;

- Share the Recovery Support Programme's exit criteria.
- Find out the total number of patients who could have participated in the Urology Patient Experience (December 2021).

Resolved: That the System Improvement Board's forward-looking agenda be shared with the Senior Democratic Services Officer to help inform the Health Scrutiny Committee Steering Group for when further updates on urology and trauma orthopaedic services could be scheduled.

Quality Surveillance Group

The Chair welcomed Jackie Hanson, Director of Nursing NHS England/Improvement (NHSE/I) and Jane Scattergood, Director of Nursing and Quality, Lancashire and South Cumbria Health and Care Partnership. The steering group received a presentation developed by the National Quality Board (NQB) about how quality was aligned across the complex health and care system and what that meant for Lancashire and South Cumbria.

It was noted that quality oversight arrangements were going through transition as Integrated Care Boards (ICBs) moved to a statutory footing. The Quality Surveillance Group would be replaced by a System Quality Group which would report to the NHSE/I Regional Quality Group with new arrangements coming into effect on 1 July 2022.

Comments and queries from the steering group were as follows:

- It was clarified that lead providers did provide Quality Accounts and that the information was constantly being gathered, the quality teams were present at the provider's quality committees and challenged them with quality visits. There were multiple streams of information over the standard reporting that all providers had to share and performance metrics, which were used as triggers.
- The steering group commended the Quality Surveillance Group for their decision about citizen representation and use of citizen juries.
- The ICB's monthly quality report would be a public report which could be shared regularly with the steering group.
- When there were formal proposed service reconfigurations, NHSE/I must perform a statutory process review and agree it. After the Integrated Care System became a statutory body, the ICB would review changes before NHSE/I became involved.
- The ICB and Partnership would become a statutory body on 1 July 2022 and the transition had begun in the northwest as the Quality Surveillance Group had been in place in Lancashire and South Cumbria for a while. Whilst it was

nationally prescribed, it was for the local system to shape and adapt quality oversight to the local circumstances.

The Chair thanked Jackie and Jane for attending the meeting.

Actions:

- An arrangement would be made for the ICB's monthly quality report to be shared on a regular occurrence with the steering group.

Resolved: That an update on the Quality Surveillance Group's transition into a System Quality Group be presented to the Health Scrutiny Committee Steering Group around June/July 2022.

Fylde Coast Integrated Urgent Care Contract and our future plans

The steering group received a letter from the Chairs of the NHS Blackpool CCG and NHS Fylde and Wyre CCG. The letter dated 14 January 2022 set out to update the health scrutiny function on the Fylde Coast Integrated Urgent Care Contract and their future plans around managing this. Representatives from the CCGs were unable to attend the meeting to present on the matter but had offered to arrange a telephone call with the Chair of the steering group to explain the background further.

The steering group queried if the Integrated Urgent Care Contract was separate to Blackpool Victoria Hospital's emergency department, as this would determine their decision about extending the contract given the emergency department's recent CQC rating.

Resolved: That the Chair's of NHS Blackpool and Wyre and Fylde Clinical Commissioning Groups be contacted by the Chair of the Health Scrutiny Committee discuss the letter in more detail and report back to the Health Scrutiny Committee Steering Group at its next meeting on 10 March 2022.

Work programme 2021/22

The steering group reviewed the Health Scrutiny Committee and Steering Group's Work Programme for 2021/22.

It was noted:

- During the discussion in Item 6, that the steering group wanted to add the item about the Care Quality Commission report that rated Blackpool Victoria Hospital's emergency care as inadequate.
- That the Disabled Facilities Grant's item might not be ready to be presented to the Health Scrutiny Committee at its meeting on Tuesday 22 March 2022, the steering group agreed for that item to be replaced by the request received to present the Lancashire Safeguarding Adult Board Annual Report 2020/21 at that meeting.
- With regards to the steering group's work programme that the NHS Trust Quality Accounts item would be moved to April or later, dependant on if NHS England provided an extension for the accounts to be submitted.

- That the Continuing Healthcare Assessments item did not need to be a presentation, the steering group agreed that this update could be a written report.
- Interest was expressed in keeping Health inequalities – people with learning disabilities as a topic for the steering group's meeting on Thursday 10 March 2022.
- Members asked for the relevant minutes of the Health Scrutiny Committee be shared with them regarding the Annual health checks and LeDeR programme, to see if the item could be a written report.
- It was also requested for more detail to be shared with the steering group about the Intermediate Care Services topic and that it could be delayed to a later meeting.
- The Public Health items be provided to the steering group as a written report before being presented to allow more meaningful conversation.
- It was agreed that a meeting of steering group would be set to allow for the Health Scrutiny Committee to formulate a work programme for 2022/23 in June 2022.

Actions:

- The minutes of the previous Health Scrutiny Committee relating to Annual health checks and LeDeR programme be shared with members of the steering group.
- More detail is provided to members of the steering group regarding Intermediate Care Services.
- A meeting be arranged with the Health Scrutiny Committee for June 2022 to set the work programme for 2022/23.

Resolved: That the Health Scrutiny Committee and Steering Group's Work Programme for 2021/22 be noted.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II:

N/A

Health Scrutiny Committee

Meeting to be held on Tuesday 22 March 2022

Electoral Division affected: (All Divisions);
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Corporate Priorities: N/A

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

Brief Summary

The 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 work programme as set out in Appendix 'A'.
- ii. Consider key lines of enquiry for future meeting topics.
- iii. Discuss any additional representation required from key officers/partners for future meeting topics.

Detail

A 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 current work programme, consider key line of enquiry for future meeting topics and representation.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee 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:

- Scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
- Review 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, 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, refer the matter to the relevant secretary of state.
- Refer to the relevant secretary of state any NHS proposal which the committee feels has been the subject of inadequate consultation.
- Scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.

- Request that the Internal Scrutiny Committee establish as necessary, joint working arrangements with district councils and other neighbouring authorities.
- Draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the local healthwatch, and other key stakeholders.
- 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.
- 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.
- Invite any officer of any NHS body to attend before the committee to answer questions or give evidence.
- Recommend Full Council to co-opt on to the committee persons with appropriate expertise in relevant health matters, without voting rights.
- 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 Health Scrutiny Committee 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 2021
Workforce GP shortage	Progress made in relation to recommendations of the 2017 scrutiny inquiry report	NHS England North West and Lancashire & South Cumbria ICS	14 December 2021 (cancelled)
Housing with Care and Support Strategy	Progress on the implementation of the strategy	LCC Adult Services	1 February 2022
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)	
Shaping Care Together	Update on the programme	Jackie Moran, West Lancashire CCG	22 March 2022
New Hospitals Programme	Update on options	Rebecca Malin and Jerry Hawker, New Hospitals Programme	
Disabled facilities Grants - TBC	Report on the differing allocations of Disabled Facilities Grants to district councils in Lancashire with a focus on discretionary grants	LCC Adult Social Care	28 June 2022

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

- Update on the activities of the County Council's Champion for Mental Health (CC S Morris Spring 2022 tbc)
- Lancashire and South Cumbria Pathology Collaboration (September 2022)
- Community Mental Health Transformation programme (tbc)
- Early intervention and social prescribing - Review of development and effectiveness – (tbc)
- Housing with Care and Support Strategy (June 2023)

Health Scrutiny Steering Group Work Programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/partners	Proposed Date(s)
Lancashire and 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 and South Cumbria NHS Foundation Trust	LSCFT	13 October 2021
Clatterbridge Cancer Centre	Blood cancer proposal	Jackie Moran, NHS West Lancashire Clinical Commissioning Group	
Lancashire and South Cumbria Pathology Collaboration	Concerns raised by pathologists	Gary Halsall, LCC	
Outbreak management and infection control – adult social care	Report on the key issues	Lisa Slack, Head of Service Quality, Contracts and Safeguarding Adults Service, LCC	10 November 2021
NHS 111	Findings and evaluation of the new NHS 111 First programme (resolution from committee's meeting held on 15 September 2020)	Jackie Bell, Head of NHS 111 Service, NWAS	
NHS winter planning	Assurance on measures and systems in place for the forthcoming winter.	Seamus McGirr and David Bonson, Lancashire and South Cumbria ICS	

Continuing Healthcare Assessments	Focus on county council resources, understanding the delay to finalising policies, and the effect on wider health outcomes	Ian Crabtree and Saad Khan, LCC	1 December 2021
Workforce resilience, wellbeing, sufficiency – Adult Social Care	Report on the key issues	Louise Taylor, Tony Pounder, LCC Adult Social Care	
Healthwatch Lancashire	Identifying collaborative ways of working	David Blacklock, People First/Health Lancashire	5 January 2022
Workforce GP shortage	Progress made in relation to recommendations of the 2017 scrutiny inquiry report	NHS England North West and Lancashire and South Cumbria ICS	
New Hospitals Programme	Update on shortlisting options - first phase	Rebecca Malin and Jerry Hawker, New Hospitals programme	
UHMBT – Urology and Trauma and Orthopaedic Services	Determine how to monitor improvements	University Hospitals of Morecambe Bay Hospitals NHS Foundation Trust and Dr David Levy, Chair of NHSE/I System Improvement Board	9 February 2022
Fylde Coast Integrated Care Contract	Review of contract and recent CQC rating of Blackpool Hospital's Urgent and Emergency Care provision		
Quality Surveillance Group	Introduction and identifying collaborative ways of working	Jackie Hanson and Jane Scattergood, NHS England & NHS Improvement North West Region	
Shaping Care Together	Update on the programme	Matt Blakemore, South Sefton CCG and Jackie Moran, West Lancs CCG	10 March 2022
Lancashire & South Cumbria - Enhanced Acute Stroke Services programme	To consider further information on: <ul style="list-style-type: none"> • Trade union engagement • Travel times modelling and contingency plans for North Lancs area • Recruitment and training 	TBC	
Health inequalities – people with learning disabilities	Report on the key issues	LCC Learning disabilities, autism and mental health	

NHS Trust Quality Accounts (April/May/June TBC)	Review of NHS Trust Quality Accounts – formulating comments	Healthwatch Lancashire	6 April 2022
Continuing Healthcare Assessments - TBC	Update on progress	Ian Crabtree, Saad Kafrika, LCC and Talib Yaseen, Lancashire and South Cumbria ICS	
Annual health checks and LeDeR programme - TBC	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 and South Cumbria ICS	
Intermediate Care Services - TBC	Report on the key issues	LCC and Lancashire & South Cumbria ICS	
			4 May 2022
Work programming 2022/23			June 2022
Quality Surveillance Group	Update on the transition to the System Quality Group	Jackie Hanson and Jane Scattergood, NHS England & NHS Improvement North West Region	June/July 2022

Other topics to be scheduled:

- Health Education England – workforce risks, recruitment and training (see 10 Nov 21 Steering Group notes)
- High Intensity User Programme
- Lancashire and South Cumbria Enhanced Acute Stroke Services – update to steering group between March and May 2022
- Liberty Protection Safeguards – review of preparations before go live (April/October 2022?)
- Health and Care Bill 2021 – implications for health scrutiny
- NHS Workforce and Shortage of GPs (December 2022 – see 1 December 2021 notes)
- 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
- Building and enduring health protection function beyond COVID – initial report on plans from LCC Public Health
- The following Public Health topics to be scheduled within the next six months from February 2022 (these supersede the combined topic originally scheduled for March 2022 on, Preventative healthcare – healthy weight and obesity; NHS Health Checks (Healthy Hearts) Emotional and Mental Health – substance misuse and alcohol services):
 - Best Start in Life – e.g. oral health, obesity, school readiness (Education and Children's Services Scrutiny Committee)
 - Healthy Hearts and Minds – NHS health checks and mental health
 - Public Health transformation programme

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