

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 15th September, 2020 at 10.00 am - Skype Virtual Meeting

Present:

County Councillor Stuart C Morris (Chair)

County Councillors

L Beavers	E Pope
J Berry	A Schofield
C Edwards	J Shedwick
N Hennessy	K Snape
A Hosker	D Whipp

Co-opted members

Councillor David Borrow, (Preston City Council)
Councillor Margaret France, (Chorley Council)
Councillor Glen Harrison, (Hyndburn Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor David Howarth, (South Ribble Borough Council)
Councillor Jackie Oakes, (Rossendale Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Tom Whipp, (Pendle Borough Council)

County Councillors Alan Schofield and Julia Berry replaced County Councillors Peter Britcliffe and Mohammed Iqbal respectively, for this meeting only.

1. Apologies

Apologies were received from District Councillors Gail Hodson (West Lancashire) and Gina Dowding (Lancaster)

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

Resolved: That the appointment of Chair and Deputy Chair; the membership of the committee and the terms of reference, as presented, be noted.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

None.

4. Minutes of the Meeting Held on 30 June 2020

Resolved: That the minutes from the meeting held on 30 June 2020, be confirmed as an accurate record.

5. NHS 111 First

The Chair welcomed Dr Amanda Doyle, GP and Integrated Care Strategy lead for Lancashire and South Cumbria and Jackie Bell, Head of Service for 111, North West Ambulance Service NHS Trust. A report outlining the process and implementation of the new NHS 111 First initiative was presented

The following points were highlighted:

- The new appointment system for those who would normally self-present at A&E supported social distancing and aimed to reduce overcrowding, waiting times and subsequently COVID-19 infection rates. The new system would support a better flow of work, made best use of available technology and should improve clinical outcomes, as all attendees will have had a remote assessment prior to their A&E appointment. The clinician carrying out the assessment would book the most appropriate appointment depending on the issue and the service user would not be required to re-dial another service. It was emphasised that the new way of working was not for urgent 999 calls and life threatening situations. A&E self-admissions represented approximately 60% of the A&E intake.
- The new system had been launched in Blackpool and Warrington with Royal Blackburn to follow in October. These initial launches were to assess effectiveness and outcomes, to make any necessary amendments prior to the national campaign launch which would communicate the new process of ringing 111. By the end of November all A&E departments would be live with the system. Feedback so far from patients and staff had been very positive and hospitals were keen to launch the programme to prepare for winter.
- The aim was for 20% of self-referrers to access 111 First, however initial monitoring indicated that the uptake would be higher. Therefore it would be a significant challenge to ensure the recruitment of health advisers and assessment clinicians was sufficient to support demand. Recruitment for health advisers was on schedule.
- The clinical assessments would be at a local level to ensure the most appropriate services for the area were signposted.

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

- There had been a significant and sustained pressure on the 111 service, related to calls about access to testing rather than in relation 111 First. The messages on testing websites were being changed to reduce these calls.

Blackpool had been identified for an initial launch as an area that made low numbers of calls to 111 but had high presentations at A&E.

- Staff with experience of 111 First and all patients ringing 111 who were subsequently booked in to a service were being surveyed. Once more sites were live the feedback results would provide a more robust and effective base for sound evaluation.
- As a national programme, the service would be centrally funded. Additional capital funding to house additional staff resource would also be required. It was anticipated that the programme would eventually yield savings once firmly established.
- Staff numbers would be increased for the additional calls and work was underway with the estates team to undertake rapid expansion of office space to accommodate them. However due to numbers of staff working from home some extra office space was immediately available.
- The service would cover the whole of the North West Ambulance Service Trust area, with the initial call being taken at a centralised location. However clinical assessment would be at a local level. There was a mandatory six week training course for health advisers (111 call takers), which resulted in staff following an algorithm designed by clinicians for non-clinical users. Following that, new staff were individually mentored for two weeks. Rigorous standards were followed and staff were provided with regular feedback regarding the quality of their calls. The training was firmly embedded and outcomes were audited.
- If a GP appointment was booked this was done in real time. However some surgeries were asking for a list to enable them to call back the patient to book the appointment, dependent on surgery procedures regarding infection control.
- It was not usual for someone with a need that could be met by social prescribing to present to A&E, however the clinical assessment would determine if social prescribing was the appropriate pathway for the call.

Resolved: That:

- 1) The report regarding the implementation of the national NHS 111 First programme, as presented, be noted.
- 2) The findings and evaluation of the new NHS 111 First programme be presented to the Health Scrutiny Committee in six months' time.

6. Lancashire County Council Adult social care - winter preparations

The Chair welcomed Sue Lott, Head of Service Adult Social Care Health, Sumaiya Sufi, Quality Improvement and Safety Specialist and Abdul Razaq,

Consultant in Public Health to the meeting. The Lancashire County Council staff were invited to present a report detailing the support that had been provided to adult social care providers and the Adult Social Care Winter Plan. Lynsey Davies-Coward from Willowbrook Homecare and Martin Layton from Caritas Care were also in attendance to provide feedback to the committee on their experience of county council support during the initial stages of the pandemic.

The following information was highlighted with regard to support provided to adult social care providers:

- Support had been given to (in the region of) 600 adult social care providers including care homes, home care agencies and supported living providers. The support included welfare calls to check they had the information required, along with sufficient food and medication supplies. Providers were also offered access to a financial assistance scheme for COVID-19 related costs. In addition, a not for profit organisation was commissioned to offer a package of emotional and wellbeing support.
- As the information, advice and guidance from central government was changing rapidly, it had been necessary to provide regular timely communication and this was disseminated via a weekly webinar, attended by the council's infection control team and a newsletter. Bespoke webinars responding to requests from providers were also arranged. All information and webinars were uploaded to a custom-made website, along with education tools to enable providers to train staff. This support continued to help providers manage new outbreaks.
- Challenges faced included courier collection of tests and delays receiving test results and this had been escalated to establish a resolution. Repeat testing was in place – weekly for staff and every 28 days for residents.
- A council managed temporary staffing agency was available for providers encountering staff shortages due to self-isolating and sickness absence.
- The council also sourced personal protective equipment when needed and the service had received feedback stating that this support had helped providers to manage the pandemic and remain confident that provision of services could continue. The team continued to work with the Lancashire Resilience Forum to ensure personal protective equipment needs could be met.
- As lockdown restrictions eased, some care homes had been reluctant to change the constraints in place regarding visiting. Lancashire County Council had worked with care homes to provide guidance and resources regarding how to make visiting safe to support infection control.

The private social care providers in attendance made the following comments:

- Lancashire County Council had been instrumental in allowing providers to sustain vital services during this challenging time. Particularly in the areas of training, personal protective equipment provision, communication and financial support.
- Government guidance had centred on care homes, therefore the Lancashire County Council portal had been an invaluable single point of access for providers of domiciliary care. It was emphasised that multi-disciplinary teams were available to support outbreaks in assisted living settings. In addition, domiciliary care providers didn't qualify for home testing and the council had supported providers in accessing tests.
- Personal welfare calls and mental health support had been beneficial as there had been an increase in the levels of anxiety and depression in the care team.
- Concern was expressed regarding the ongoing staff testing and the lack of clear guidance and continuity of information as providers were preparing for the winter period.

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

- The council had been reassured by the Department of Health and Social Care that all care homes, including those for younger people with disabilities, would be prioritised for testing and receipt of results. The Director of Public Health, Local Resilience Forum and the North West Association of Directors for Adult Social Care, promoted local government issues at a national level to improve the challenges around access to testing.
- The council would continue to support providers throughout winter and was exploring how the current processes in place could be incorporated in the longer term. Information gleaned from welfare calls to providers would help the team to focus support in the most effective way. Care providers at the meeting, emphasised that business continuity plans had been prepared with their contract manager at Lancashire County Council to prepare for the impact of the winter period.
- Healthwatch Lancashire would be publishing a further report regarding the experiences related to the management of the pandemic, of care home managers, staff, residents and family members. The survey identified areas for improvement, particularly for family members of those people in supported living and extra care facilities. Focus groups would be established to examine issues raised and how the council can support providers to improve experiences. Providers had also undertaken surveys with service users and had received an overall positive response. They were looking at implementing processes to improve in areas identified, such as managing service user expectations regarding consistency of carers allocated to service users.

A high number of staff and managers had responded to the survey, however this wasn't the case for residents, as had previously been the case when feedback was requested. The numbers of responses to the Healthwatch survey would be shared with members outside of the meeting.

- The team was unaware of any plans from the Department of Health and Social Care to carry out repeat testing for assisted care staff. However if this became an issue it would be raised with the Lancashire Resilience Forum.

The following information was highlighted with regard to COVID-19 testing in Lancashire:

- Testing was carried out in regional testing units (RTU), mobile testing units (MTU) and local testing sites (LTS). As an interim measure, five community testing stations had been set up in the Preston, Hyndburn, Burnley and Pendle areas, which had carried out approximately 20,000 tests since inception at the end of July. There had been a recent surge in local demand, which had resulted in a lack of workforce, long queues and the supply of testing kits being exhausted. It was intended that these stations would be phased out and replaced by 14 fixed local testing sites across all 12 districts in Lancashire (plus one in Blackpool and Blackburn with Darwen) increasing to two in each by December. This was a national initiative and the request was awaiting Department of Health and Social Care clearance.
- The kits used at the community testing site were intended as a temporary measure and test results were reliant on local rather than national systems. Results were returned within 2-3, occasionally 4 days. For comparison, currently 3% of national test results were returned within 24 hours and 24% within 48 hours. Discussions were underway to prioritise testing for high risk areas – currently Preston and Pendle. It was anticipated that the community testing stations would move from a 7 day operation to 5 days, in response to the limited number of kits available and to aid the resilience of staff who were working under intense pressure from members of the public. There had been incidents of inappropriate usage at the community sites, for example, people requesting tests before going on holiday, for employment checks or before attending hospital. This was largely due to the national unavailability of tests. Approximately 5-600 tests were being carried out per week and this had risen to 1500 across all sites on 15 September 2020. It was emphasised that the sites were not designed to support the unavailability of national testing appointments.
- The national trace positive contact system involved contacting those who had tested positive and asking them to provide details of those they had been in close contact with. Local areas were supporting the national system if they were unable to contact positive cases within 24 hours. Pendle was the first district to participate and Hyndburn, Burnley, Blackpool and Preston now also supported this with trained contact tracers. Currently the national contact tracers had been unable to contact 23% of positive cases in Lancashire. Reasons for this included incorrect details being held or a lack of response.

Lancaster and West Lancashire districts were in the process of training contact tracers, which would take two weeks. Once contacted, people who had tested positive were provided with welfare and self-isolation information and asked to provide details of their close contacts. This information was then fed back into the national system. Every positive case required 10 – 12 contacts and there was not enough local resource to accommodate this considerable task. No assurance had been given from central government that they would provide dedicated staff for a fully localised test and trace support system.

Members emphasised that a fully localised test and trace system was crucial for it to be fully effective, as local tracers would have the benefit of local knowledge when contacting people.

- A key component of winter preparation was the flu immunisation programme and this year would include additional vulnerable groups, including those living in long stay facilities, those who were shielding and health and care staff. Additionally, any surplus vaccine would be offered to people aged 50-64. Uptake of the vaccine was being widely promoted to ensure the maximum number of vulnerable people and those that care for them received the vaccine.

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

- Each district area had a COVID-19 prevention business continuity plan within their overall management arrangements.
- The walk-in community testing stations were seeing a surge in demand due to the unavailability of tests at the national testing stations which were by appointment only. Supply of testing kits for community testing stations were constrained as this type of testing station was only established as a stop gap until local community stations had been setup. It was confirmed that the testing station at Preston had exhausted their supply.
- Members commented that long queues, unclear messages about who should be attending community testing sites, who should self-isolate/be tested if a pupil within a school bubble tested positive and messages regarding a shortage of kits were discouraging people to come forward for testing. In addition, low numbers of the Black, Asian and Minority Ethnic communities were presenting for tests.

It was clarified that the county council's Head of Service for Communications, regularly sent out public updates. A new communication was imminent that addressed many of the points raised regarding the usage and prioritisation of testing and was awaiting approval from the Director of Public Health. Additionally significant amounts of work had been undertaken to heighten awareness across Black, Asian and Minority Ethnic communities and to encourage vulnerable groups to come forward for testing. Data regarding the ethnicity of those coming forward was tracked weekly and patterns varied widely over time and by area. The Lancashire Resilience Forum continued to

promote a consistent message that all communities should come forward for testing. The national message that those who were asymptomatic should not present for testing did not apply to Lancashire's areas of intervention - Preston and Pendle. However demand was exceeding supply of kits and staff at community testing stations could not compensate for the lack of availability at national testing sites.

- There were no plans to open a community testing centre in Rossendale.
- Clarification was being sought as to whether mobile testing units and local testing sites would prioritise local people. The Department for Health and Social Care had assured the Local Resilience Forum that this would be the case, however this was inconsistent with the public experience.
- A national research programme that was part of a study led by Imperial College London was sampling communities to check the prevalence of the virus to understand how and to what level, the virus was circulating around local communities.

Resolved: That

- 1) The report as presented, be noted.
- 2) The committee endorse the work of the Adult Social Care team in supporting providers during the COVID-19 pandemic and in developing the Winter Plan, to ensure the authority continues to meet its statutory duties under the Care Act (2014).
- 3) The committee support the establishment of devolved local test, trace and contact system to be included in the Winter Plan.

7. Report of the Health Scrutiny Steering Group

The committee considered a report providing an overview of matters considered by the Health Scrutiny Steering Group at its meetings on 22 June and 15 July 2020.

Councillor Margaret France expressed that as a member of the Council of Governors for the Lancashire Teaching Hospitals NHS Foundation Trust and a member of the Our Health Our Care Stakeholder Reference Panel, there may be a conflict of interest if she were to be confirmed as a member of the proposed task and finish group to consider forthcoming proposals from the local NHS on the future of Chorley and South Ribble A&E. It was explained that Chorley Council's nominated substitute member for Councillor France could take up the seat instead or alternatively for the county council to write to Chorley Council to nominate a replacement member.

Resolved That:

- 1) The report of the Steering Group, as presented, be received.
- 2) The establishment of a task and finish group consisting of seven county councillors and the two co-opted members from Chorley Council and South Ribble Council to review the forthcoming proposals from the Our Health Our Care programme on the future of Chorley and South Ribble A&E, be agreed.

8. Overview and Scrutiny Work Programme 2020/21

Josh Mynott, Democratic & Member Services Manager, Legal, Governance & Registrars was welcomed to the meeting. Josh Mynott emphasised the importance of focussed and targeted work planning to improve outcomes and robust scrutiny and how this could be achieved by developing specific and detailed lines of questioning.

Members reviewed the topics listed for consideration by the Health Scrutiny Committee on the single combined work programme for all Lancashire County Council scrutiny committees.

Members requested that the following topics be included on the Health Scrutiny Committee workplan:

- An update on NHS 111 First in March 2021.
- A report from the Our Health Our Care task and finish group prior to May 2021.
- An update on Commissioning Reform in Lancashire and South Cumbria..
- It was confirmed that an update on suicide prevention in Lancashire would be brought to the November meeting. It was requested that this include information on resourcing and the appointment of district mental health and suicide prevention champions.

Resolved: That the items listed for the Health Scrutiny Committee on the single combined work programme be agreed subject to the inclusion of the matters requested and listed in the minutes above.

9. Urgent Business

There were no items of urgent business.

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 3 November 2020 at 10.30am by means of a virtual meeting.

L Sales
Director of Corporate Services

County Hall
Preston