

## **Lancashire County Council**

### **Health Scrutiny Committee**

#### **Minutes of the Meeting held on Tuesday, 15th December, 2020 at 10.30 am Skype Virtual Meeting**

#### **Present:**

County Councillor Peter Britcliffe (Chair)

#### **County Councillors**

C Edwards	S C Morris
N Hennessy	E Pope
M Iqbal MBE	J Shedwick
A Kay	K Snape
H Khan	D Whipp

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

Councillor David Borrow, (Preston City Council)  
Councillor Paul Campbell, (Burnley Borough Council)  
Councillor Gina Dowding, (Lancaster City Council)  
Councillor Margaret France, (Chorley Council)  
Councillor Bridget Hilton, (Ribble Valley Borough Council)  
Councillor G Hodson, (West Lancashire Borough Council)  
Councillor David Howarth, (South Ribble Borough Council)  
Councillor Jayne Nixon, (Fylde Borough Council)  
Councillor Jackie Oakes, (Rossendale Borough Council)  
Councillor Julie Robinson, (Wyre Borough Council)  
Councillor Tom Whipp, (Pendle Borough Council)

County Councillor Hasina Khan replaced County Councillor Lorraine Beavers for this meeting only

#### **1. Apologies**

None.

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

None.

#### **3. Minutes of the Meeting Held on 3 November 2020**

**Resolved:** That the minutes from the meeting held on 3 November 2020, be confirmed as an accurate record.

#### **4. NHS Test & Trace and Mass Testing**

Abdul Razaq, Consultant in Public Health gave a detailed overview of his report regarding the current position on NHS test and trace and mass testing.

The following points were highlighted:

- Hospital admissions were historically at the highest levels in January and February. The central government winter plan outlined a broad strategy to suppress, mitigate and prevent the spread of the Covid-19 virus, via contact tracing and testing.
- Lancashire was working with the military to deliver a six week targeted surge programme of asymptomatic lateral flow testing to care and education settings, as well as the faith sector and large employers. This would culminate in those settings being trained to administer tests upon their withdrawal.
- All districts in Lancashire were conducting local contact tracing, in collaboration with the national system. The programme couldn't be completely devolved to a local level without national funding. It was confirmed that local contract tracing was more effective in reaching residents to offer support and guidance, reaching between 60-90%. Feedback had resulted in enhancements to the process which had reduced unnecessary repeat calls and shortened the turnaround time from test to transfer of information to Lancashire.
- There was now ample capacity for systematic testing and test turnaround times and responses had reduced in October and November.
- Central government had introduced a scheme to allow travellers returning to the UK to pay for a private test to release those with a negative result from the requirement to self-isolate.
- Community organisations will receive funding to cover initial costs, such as staff time, to provide lateral flow testing.
- According to data, the recently approved Pfizer/BioNtech Covid -19 vaccine was 95% effective and would be made available for a phased rollout based on the Joint Committee on Vaccination and Immunisation priority list. This included hospital patients and staff, care home staff and residents, however there were logistical challenges regarding storage and transportation of the vaccine. Primary Care Networks were also planning a longer term vaccination programme according to patient priority based on the guidance. It was anticipated that the Oxford/AstraZeneca vaccine would be approved in early January 2021.

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

- The time taken to pass contact tracing information from national to local tracers had reduced to 3-4 days. The local team were able to reach the vast majority of these within 48 hrs.
- The spare capacity of pillar two testing varied widely by district. Those without symptoms could book a test, however it was not policy to carry out these tests on those who were asymptomatic. The lateral flow test was intended for this purpose.
- Lancashire was working with a northwest oversight board who had developed a clear communications plan and frequently asked questions guide for the vaccination programme. Primary Care Networks would ensure invitations for the vaccination was made through a variety of methods: letter, text and by telephone, to ensure maximum contact.
- Quality assurance data had confirmed that the Innova lateral flow test was 48.89% accurate for positive results and 99.3% accurate for negative results. Those who tested positive were advised to book a swab test for confirmation and self-isolate unless they receive a negative result.
- District data on the number of self-isolation financial support payments rejected as ineligible was not available. It was confirmed that those with a positive result from a lateral flow test were eligible to apply.
- Transmission of the virus in hospitals was high and NHS colleagues were working to reduce this through infection control measures, implemented by a specialised team, however it may not be possible to totally eliminate the risk.
- The risk of infection increases after 15 minutes of exposure time to an infected person, however this would be reduced by following the advice: keeping two metre distance, wearing a mask, hand hygiene and room ventilation.
- Information wasn't available regarding the operational details of when each district would receive subsequent shipments of the vaccine batches.
- Mass vaccination provided an immune response that triggered the body to produce antibodies. It was yet to be determined as to if, and by how much, it would reduce transmission rates. It was anticipated that the phased rollout throughout community settings would complete in spring 2021, the final group being the non-vulnerable 50+ age group. The Joint Committee on Vaccination and Immunisation would establish subsequent eligibility parameters for vaccination once the current prioritised groups had been vaccinated, however this would depend on volume of vaccine available.

**Resolved:** That the update report on national NHS Test and Trace enhancements, progress with local enhanced contact tracing (positive case completion) and community mass asymptomatic testing, be noted.

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

Members considered the Overview and Scrutiny Work Programme.

Gary Halsall, Senior Democratic Services Officer advised the committee that West Lancashire Clinical Commissioning Group and Southport and Ormskirk Hospital NHS Trust would be presenting a case for change for the transformation of adult and children's services in West Lancashire and Sefton – Shaping Care Together programme. Members considered the best way forward to ensure both Education and Children's Services Scrutiny Committee were involved in the process.

Resolved that:

- 1) The Overview and Scrutiny Work Programme for 2020/21, be noted.
- 2) The Shaping Care Together programme would be presented to members of both the Health Scrutiny and Education and Children's Services Scrutiny Committees in February/March 2021.

## **6. Urgent Business**

There were no items of urgent business.

## **7. Date of Next Meeting**

The next meeting of the Health Scrutiny Committee will be held on Tuesday 2 February 2021 at 10.30am by means of a virtual meeting.

L Sales  
Director of Corporate Services

County Hall  
Preston