

Health Scrutiny Committee

Meeting to be held on Tuesday, 1 February 2022

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A

Report of the Health Scrutiny Steering Group

(Appendix 'A' refers)

Contact for further information:

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Brief Summary

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.

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 10 November 2021**

Local NHS Winter Preparations

The Chair welcomed to the meeting David Bonson, Director of Urgent and Emergency Care at the Lancashire and South Cumbria Integrated Care System (ICS).

The Steering Group considered a presentation, delivered by David Bonson, about local NHS winter preparations. It was highlighted that:

- Preparing for winter involved planning with partners across the whole system. Each area had its own A&E Delivery Board, usually chaired by the local NHS Trust Chief Executive, to bring together partners to discuss impacts on the urgent care system. This facilitated a bottom-up process for winter planning, rather top-down planning by the ICS, and meant each area devised its own plan to increase capacity during winter.
- In addition to working with each A&E Delivery Board, the ICS provided a coordinating role across the whole Urgent and Emergency Care Network to share good practice and plans.
- Winter planning had started earlier than usual this year as the ICS recognised the pressures of the pandemic still affecting the health and care sector. For instance, over summer 2021 a workshop had been arranged with key partners to discuss the lessons learned from the pandemic.

- Every year, NHS England and NHS Improvement North West developed its own assurance process and checks. This year, A&E Delivery Boards had been asked to review their winter plans against key questions and submit their responses by the end of September. Similarly, the ICS had submitted its response by mid-October. This exercise had helped to identify the biggest risks posed to local delivery plans, which every A&E Delivery Board had identified as the workforce.
- Each A&E Delivery Board had its own initiatives and priorities within the resources available. Additional resources had been provided nationally for increased 999 and 111 service capacity, £2.2m additional funding had been allocated from the Ageing Well Fund for the 2-hour Urgent Community Response service, and £76.m had been allocated to Lancashire and South Cumbria from the National Primary Care Access Fund. The latter aimed to improve same-day accesses to primary care and the resilience of the NHS urgent care system. Despite these extra resources, workforce and recruitment remained a key challenge to the delivery of local plans.
- The Lancashire and South Cumbria Hub (Gold Command) had been established to bring partners together and provide support across the whole system. The Hub was operational 7 days a week and provided a single point of communication across the North West region. So far it had successfully facilitated tactical responses and plans which required system-wide collaboration.
- Nationally, key concerns for the winter included 12-hour waits in Emergency Departments, the timely discharge of patients without clinical criteria to reside, and ambulance handover delays at Trusts. In Lancashire, a previous focus on ambulance delays had led to the introduction of better systems and processes such that the ICS was the best performing in the North West. Nonetheless, it remained a priority.
- A 6-point recovery plan had been devised with the North West Ambulance Service (NWAS). The agreed system actions were to focus on hospital handovers, to focus on mental health so that patients avoided visiting the Emergency Department where possible, and to avoid the conveyance of patients in ambulances by looking to alternative approaches. The agreed NWAS actions were to provide additional double-crewed ambulance capacity, to reduce the conveyance of patients in order to generate ambulance capacity, and to maximise the use of staff by reducing 'lost hours'.
- Communication and engagement across all levels of the system was key, particularly to encourage patients to make the right choices, such as using the 111 online service first. The communication strategies made use of social media and targeted deprived communities to promote the use of pharmacies and flu vaccinations, for example. The ICS was also working with Healthwatch

Lancashire to assess whether patients try an alternative before attending A&E, and whether those alternatives were helpful to them.

During a period of discussion and in response to questions from members, the following points were raised:

- Technically, the figure reported nationally for patient wait times was the time following a decision to admit. Increasingly, however, the figures on 12-hour waits in Emergency Departments covered a patient's true wait time, from arrival to departure, and therefore gave a better view of the patient experience. A set of proposed measures were expected to replace old guidance on recording wait times.
- SDEC stood for Same Day Emergency Care and covered patients who did not need to be admitted to hospital yet required further investigation or treatment on the day.
- Generally, staff within the ICS were worried about the winter months, particular about the pressure that would be placed on an already strained workforce. Work was ongoing to support frontline staff and their health, and to discuss with local council officers about increasing service capacity by engaging the voluntary sector without destabilising the work of the council.
- The good working relationships across the Lancashire and South Cumbria network had been strengthened during the pandemic and there was a willingness from partners to work together to find solutions. One of the challenges to urgent care included the complex arrangements between multiple organisations, each with varying responsibilities in a complex care pathway. Planning and handover between organisations was not always seamless, yet making plans to resolve such long-term, strategic issues was difficult whilst frontline staff only had capacity to plan for the next day. A similar problem faced primary care as communicating with different, independent GPs holding different types of contract was difficult.
- It was key that ambulance staff had alternative options to just transporting a patient to A&E. The ambulance service was able to contact GPs for advice and linking with the 2-hour Urgent Response Team would reduce the likelihood of admitting a patient to hospital or the need to provide an ambulance at all. Improved communication with primary care would lead to fewer hospital admissions by providing ambulance crews with an alternative care option to A&E.
- Generally, hospitals tried to maintain separation between SDEC patients and A&E patients, however some SDEC departments were small and quickly contributed to the visible congestion in A&E. Only patients with life threatening situations should be in A&E, but the number of people passing through A&E was too great to maintain separate pathways.

The Chair thanked David for the presentation on local NHS winter preparations.

Resolved: That the presentation on local NHS winter preparations be noted.

NHS 111: First 12 months

The Chair welcomed to the meeting, Jackie Bell, 111 Head of Service at the North West Ambulance Service NHS Trust.

The Steering Group considered a presentation, delivered by Jackie Bell, which provided an overview of the first 12 months of the NHS 111 service. It was highlighted that:

- During the pandemic, 111 First became standard practice and it helped to reduce the risk of Covid-19 by preventing patients visiting A&E unnecessarily. If needed, patients were given a booking slot (not an appointment) to visit A&E, which helped to manage the number of people in Emergency Departments at any one time and to triage patients to the correct service from the outset.
- The minimum viable product of 111 First included significantly increasing the capacity of the 111 Service, making alternative secondary care services available to 111 service users, implementing an Emergency Department booking and referral system, evaluation and monitoring, and an effective communications strategy.
- The North West Ambulance Service had achieved a number of key developments for 111 First, including: the recruitment and training of additional advisors; increasing clinical capacity to validate Emergency Department outcomes and to direct patients to the correct service; ensuring all clinical pathways were reflected in the Directory of Service; connecting with GPs to book directly into their appointment systems; implementing a booking system for Emergency Departments in order to review patients before their arrival at A&E; developing a robust communications plan (though this could not be realised due to the pressures of the pandemic); and evaluating the impact of 111 First.
- Analysis of service activity highlighted that, despite the increased number of calls to 111 due to the pandemic, more patients had been triaged in September 2021 than in September 2020. In Lancashire and South Cumbria, the number of callers recommended to visit A&E stayed consistent from September 2020 to September 2021, however the number of callers recommended to attend primary/community care or not to attend another service increased. This prevented people arriving at A&E unnecessarily and demonstrated that clinical assessment services were fulfilling their role. For

instance, only 1,528 of the 3,133 Emergency Department referrals received ended up visiting A&E; the remainder were referred to other services.

- Patient feedback was collected continuously for 111 service users, but a specific NHS 111 survey had also been completed by 1,577 respondents between August and October 2020. 95% of respondents were satisfied that NHS First met their needs. 90% were provided with a booking slot for a service and 5% needed 999 ambulance intervention. For the 7% of respondents who did not describe their experience as 'good' or 'very good', the long wait at A&E or the long wait before their call to 111 was answered were key factors.
- Possible challenges to the service during Winter 2021 included high demand for 111, 999 and out-of-hours NHS services, as well as the availability of booking slots at Emergency Departments.

In response to questions from members, it was clarified that:

- Data on the waiting times at individual hospitals in Lancashire and South Cumbria would be provided to members after the meeting, plus data from Southport General Hospital.
- The total number of abandoned calls (a third of all 111 calls received) included calls lasting a minimum of 30 seconds. The call profile had completely changed since February 2021, with the peak number of calls now received at 9 am, rather than after 6.30 pm. It was felt that the busyness and unavailability of primary care services had contributed to this shift, with callers unable to book at GP appointment by 9 am. The number of 111 calls received far outstripped the service's capacity, hence the high number of abandoned calls. Nationally, all 111 services were experiencing similar challenges, which would be alleviated in the short term by extra funding received for the winter months.
- It was anticipated that demand for 111 services would normalise after the pandemic, however it continued to be 35-40% higher than pre-covid levels. However, contracts for funding had not been revised to reflect the increase in demand.
- Data relating to 2020 and 2021 have been provided to demonstrate the impact of 111 First, however data relating to previous years was used continuously to monitor changes in demand. It was difficult to find a new baseline because demand continued to vary on a weekly and monthly basis. Nonetheless, it was still possible to identify an overall increase. For example, 7,000-7,500 calls would be received on a typical Sunday pre-covid, which had risen to 10,000 calls on a typical Sunday.

- Due to the closure of GP surgeries over Christmas, it was expected that the 111 service would experience an increase in demand.
- Patient expectation was also affecting demand for services, with people wanting to be well immediately, or calling 111 if their GP did not administer antibiotics. To combat this, there was a strong need for a communications strategy about self-care and home remedies. The North West Ambulance Service was also working with the Cheshire and Mersey paediatric network to provide parents with specialist advice. It would be useful to build on this idea in Lancashire and South Cumbria.
- At some point, a new baseline would need to be established and reviewed, with a budget to match. At the moment, the provision of services could not keep up with demand.

The Chair thanked Jackie for the presentation on NHS 111 First and noted that the Steering Group had learned some interesting points about the need for additional funding and the problems facing primary care.

During a period of discussion about recruitment and funding in the NHS, the Steering Group felt there was a need for an education programme by Public Health in order to reduce demand for NHS services. It was also suggested that the Steering Group could review primary care services in Lancashire.

It was noted that the Health Scrutiny Committee had last received a report from Health Education England in March 2018. It was suggested that Health Education England be invited to a meeting of the Steering Group in 2022 to discuss local workforce risks, recruitment, and training in the NHS. Whereupon it was:

Resolved: That

- i) The presentation on NHS 111 be noted; and
- ii) That Health Education England be invited to attend a future meeting of the Health Scrutiny Steering Group to discuss workforce risks, recruitment, and training.

Outbreak management and infection control - Adult Social Care

The Steering Group reviewed a report about the management of Covid-19 outbreaks within adult social care settings in Lancashire, provide by the county council's Adult Social Care Service.

It was agreed that the Steering Group would seek assurance from the county council's Executive Director of Adult Services and Health & Wellbeing that outbreaks of Covid-19 were still being effectively managed in Lancashire's care homes and request more information from the Adult Social Care Service on the effectiveness of the controls in place to minimise the risk of Covid-19.

Resolved: That

- i) The report on outbreak management and infection control be noted; and
- ii) The Adult Social Care Service be asked to provide more information on current infection control measures in care homes.

Health Scrutiny Steering Group Briefing Report

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

It was noted that a report on the activity of the Joint Health Scrutiny Committee with Cumbria County Council would be presented to the Health Scrutiny Committee once the minutes of the meeting held on Tuesday 9 November had been produced by Cumbria County Council.

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

- **Meeting held on 1 December 2021**

Continuing Healthcare and Joint Funding in Lancashire

The Chair welcomed to the meeting Ian Crabtree, Director of Adults Disability and Care Services and Saad Kafrika, County Operations Manager for Continuing Health Care (CHC) and Joint Funded Packages of Care, Lancashire County Council.

The Steering Group considered a briefing note on Continuing Healthcare and Joint Funding in Lancashire. During a period of discussion and in response to questions from members, it was highlighted that:

- The Midlands and Lancashire Commissioning Support Unit (MLCSU) provided the necessary administrative support to Clinical Commissioning Groups across the Midlands, Lancashire and South Cumbria. It was possible that the MLCSU would be subsumed by plans for the Integrated Care System in the future.
- Transformation of Continuing Healthcare in Lancashire and South Cumbria through a new hub and spoke model was being overseen by the Funded Care Implementation Board (FCIB), chaired by Talib Yaseen (Director of Transformation, Lancashire and South Cumbria Integrated Care System) and deputy chaired by Ian Crabtree. The new model would be implemented over a phased period beginning in April 2022.
- When a local authority provided funding for a patient's primary healthcare, in circumstances where the NHS failed to make a decision, there were two main

impacts on patients: a financial impact, for the care provided by the authority; and a potential health risk due to the lack of clinical oversight and case management from the NHS. Patients would still receive some input through their GP or nurse, for example, but oversight of these cases was instead provided by social care workers rather than the NHS.

- Due to the poor performance of Continuing Healthcare in Lancashire and South Cumbria, there was a backlog of incomplete referrals to respond to. The NHS had recognised the need to clear this backlog, however the county council had disputed the NHS' decision to award Continuing Healthcare for backlogged cases from the date the application was accepted, rather than from the date of the initial application (sometimes several years prior). Conversations to resolve this dispute were ongoing and making positive progress. Officers would update the Steering Group as decisions were agreed.
- As set out in the report, the MLCSU planned to write to all individuals with incomplete Continuing Healthcare referrals to ask whether they would like their application to be reviewed. Again, the county council and other local authorities disputed this decision as the letters required a technical understanding of Continuing Healthcare and the NHS had failed to direct people to adequate support.
- Although recognising that the NHS workforce was under huge pressure from the pandemic and vaccination programme, it was felt social care staff should not have to gather and collect evidence of health needs to justify Continuing Healthcare decisions. The county council was currently paying social care staff to carry out this work, despite legal responsibility residing with the NHS.
- Officers would investigate further the advocacy available to Continuing Healthcare patients through the Clinical Commissioning Groups. Generally, the Clinical Commissioning Groups and Integrated Care System had realised the importance of patient feedback and a patient forum was being developed, which would form part of Continuing Healthcare's infrastructure. Service user representatives had also attended the last meeting of the Funded Care Implementation Board (FCIB) and feedback was positive. Clarification would be needed in relation to the advocacy offer from Clinical Commissioning Groups. However, it was possible that the county council's advocacy services were providing support to affected individuals in the meantime, but this point would also need further investigation.
- The Judicial Review into Continuing Healthcare had been prompted by Rear Admiral Philip Mathias, who sought an overhaul of the current system and whose main concern was the unexplained variation in Continuing Healthcare decisions and outcomes across different Clinical Commissioning Groups. The High Court had declined the initial request and preparations were underway to

appeal that decision. Nonetheless, work was ongoing to respond to the concerns raised, as set out at Section 8 of the report.

- It was important that the Health Scrutiny Steering Group continued to scrutinise, from an external perspective, the relationship between county council and NHS officers, to ensure its effectiveness at achieving the desired outcomes.

It was agreed that Ian Crabtree would attend another meeting of the Steering Group in three months' time to update members on progress made to improve Continuing Healthcare in collaboration with the NHS.

It was agreed that members were concerned by the information provided in the report and that the Steering Group would continue to monitor improvements to Continuing Healthcare in Lancashire.

The Chair thanked Ian Crabtree and Saad Kafrika for their attendance and responses to members' questions.

Resolved: That

- i) The briefing note on Continuing Healthcare and Joint Funding in Lancashire be noted; and
- ii) County council and NHS officers be asked to present an update report on Continuing Healthcare and Joint Funding in Lancashire at a meeting date to be agreed.

Adult Social Care Workforce resilience, wellbeing, sufficiency - focus on domiciliary care

The Steering Group considered a briefing note on workforce resilience, wellbeing and sufficiency in Adult Social Care. During a period of discussion about the workforce challenges faced by the sector, it was agreed to request a written response from officers to the following questions:

1. In which specific areas and roles are there staff shortages in Lancashire and should longer-term plans be considered to address them?
2. What training programmes (such as National Vocational Qualifications) are available to social care staff on the job, which might provide incentives to progress and remain in the sector?
3. Is the lack of training and opportunities to increase proficiency a key reason for the sector's current staffing difficulties?

It was agreed that an item on Adult Social Care workforce would be added to the Health Scrutiny Work Programme and be scheduled for a Health Scrutiny Committee meeting in Spring 2022.

Resolved: That

- i) The briefing note on Adult Social Care Workforce resilience, wellbeing and sufficiency be noted;
- ii) Officers from Adult Services be asked to provide the Health Scrutiny Steering Group with a written response to its questions, as set out above; and
- iii) A further report on Adult Social Care workforce be scheduled for a Health Scrutiny Committee meeting in Spring 2022.

Work Programme 2021/22

The Steering Group reviewed the Health Scrutiny Work Programme for 2021/22.

It was noted that the Health Scrutiny Committee meeting scheduled for 14 December 2021 would be cancelled due to the need to defer the two planned items, as follows:

- The report on the Enhanced Acute Stroke Services programme for Lancashire & South Cumbria had been deferred to the committee meeting on 1 February 2022, due to NHS officer availability.
- Confirmation about the report on the workforce GP shortage had not been received. There appeared to be some unease within the NHS about presenting to the Health Scrutiny Committee at this stage, amidst complex changes to the workforce resulting from the new Health and Care Bill, plans for the Integrated Care System and a proposed People Board. As an alternative, it was suggested that NHS officers attend the next scheduled meeting of the Steering Group on 5 January 2022 to provide members with relevant background information. Following that, the Steering Group could consider an appropriate time for a full report to the Health Scrutiny Committee.

During a period of discussion about cancelling the next meeting of the Health Scrutiny Committee, County Councillor Lizzi Collinge suggested holding a briefing meeting instead (for example about the Housing with Care and Support Strategy report) and expressed an unwillingness to disappoint members and co-opted members of the committee. It was noted that moving the aforementioned item from 1 February 2022 to 14 December 2021 would not give sufficient notice to Adult Services, who planned to bring providers and service users to the meeting.

The Chair also informed the Steering Group that he had looked at the work programme with Gary Halsall, Senior Democratic Services Officer, and reluctantly concluded (in agreement with the Chair of the Scrutiny Chairs and Deputies Forum)

that it was not feasible to bring any other items forward. It was also impractical to postpone the meeting to January 2022. Therefore, the Steering Group noted the decision to cancel the meeting of the Health Scrutiny Committee scheduled for 14 December 2021.

Due to the deferral of reports from December's Health Scrutiny Committee meeting, it was likely that the meeting scheduled for 1 February 2022 would cover three or four items, as set out by the revised Health Scrutiny Work Programme. However, it was noted that the county council's Public Health and Wellbeing Directorate had not yet responded to the committee's request for a report on early intervention and social prescribing.

A number of reports were currently planned for the next meeting of the Steering Group on 5 January 2022, though it was noted that:

- Officers had been unable to identify an NHS contact for the requested report about the high intensity user programme, but efforts to do so continued.
- The planned report on building and enduring a health protection function beyond Covid-19 would be deferred, due to the recent government and international response to new Covid variants.
- Following confirmation from David Blacklock, Chief Executive of Healthwatch Lancashire, that People First had secured the contract for Healthwatch services in Lancashire for three more years, the report on collaborative ways of working with Healthwatch Lancashire was also confirmed.
- Further updates on the New Hospitals Programme were expected. The Health Scrutiny Committee had agreed at its last meeting to review the shortlist of programme options once it was available, though a progress update to the Steering Group in January would still be useful. The Steering Group had also requested sight of the shortlist prior to publication.

It was highlighted that scrutiny of the New Hospitals Programme needed to be carefully managed and transparent. The Steering Group were informed that Healthwatch Lancashire had met with some of the campaign groups concerned with the programme and aimed to facilitate positive conversations between the groups and the programme's leadership. Members of the Steering Group were welcome to attend a meeting organised by Healthwatch Lancashire in December 2021, at which key themes of the campaign groups' concerns would continue to be identified and discussed.

In response to County Councillor Stuart Morris' request to present to the committee, as Champion for Mental Health, on mental health activities in Lancashire, it was agreed that an item would be added to the Health Scrutiny Work Programme for an appropriate time in Spring 2022.

Resolved: That

- i) The suggestions to revise the Health Scrutiny Work Programme 2021/22, as discussed and set out above, be agreed; and
- ii) The meeting of the Health Scrutiny Committee scheduled to be held on 14 December 2021 be cancelled.

Health Scrutiny Steering Group Briefing Report

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

It was agreed that the reports into concerns about the Urology and Trauma and Orthopaedics Services at the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT), which had been shared with members via email, were alarming. The issues raised about culture were especially concerning.

In response to a query about asking Cumbria and Lancashire Joint Health Scrutiny Committee to review the reports into UHMBT, the Steering Group were informed that, as it was established on a discretionary basis, the joint committee had a wide remit. It was noted that a meeting of the joint committee was likely to be arranged for early 2022.

The Chair highlighted that the focus of the Steering Group should be on monitoring the implementation of the necessary changes.

The Steering Group agreed to request a summary of the full 250-page report, before reaching a decision on how to monitor improvements. It was agreed to invite NHS officers from UHMBT to attend the next meeting of the Steering Group to discuss the report in relation to both services.

Gary Halsall, Senior Democratic Services Officer also provided the Steering Group with the following additional information:

- At its meeting on Thursday 2 December, the Cabinet would consider revised Terms of Reference for the Lancashire Health and Wellbeing Board.
- The next meeting of the Joint Health Scrutiny Committee for Hyper-Acute Stroke Services across North Mersey and West Lancashire was likely to be arranged for Friday 28 January 2022. The date would be confirmed in due course.
- A new page dedicated to Adult Social Care had been launched on the county council's intranet.

Resolved: That

- i) Officers from the University Hospitals of Morecambe Bay NHS Foundation Trust be invited to the meeting of the Health Scrutiny Steering Group on 5 January 2022, to present and discuss a summary of the report into concerns about the Trust's Urology and Trauma and Orthopaedics Services; and
- ii) The Health Scrutiny Steering Group briefing report and additional information be noted.

- **Meeting held on 5 January 2022**

UHMBT - Urology and Trauma and Orthopaedic Services

The Steering Group noted that this item had been deferred to the meeting on Wednesday 9 February 2022, at 10.30 am, due to increased pressures on the University Hospitals of Morecambe Bay NHS Foundation Trust as a result of the Covid-19 pandemic.

Update following the last meeting: Adult Social Care Workforce resilience, wellbeing and sufficiency - focus on Domiciliary Care

The Chair welcomed to the meeting Tony Pounder, Director of Adult Services, who provided a presentation to respond to the Steering Group's questions, in relation to the Adult Social Care workforce, which were raised during the last meeting.

1. In which specific areas and roles are there staff shortages in Lancashire and should longer-term plans be considered to address them?

In response to this question, it was highlighted that workforce shortages were driven by several factors including demographic changes and the increasing number of people needing care services, competition in the labour market with better salaries and progression opportunities offered by other organisations, changes to immigration rules, and a lack of targeted recruitment across the care sector. In Lancashire, staff shortages were prevalent in rural and affluent areas and there were shortages of registered managers and nurses to support care homes in particular. As a long-term problem, a long term plan was needed to address these workforce problems.

2. What training programmes (such as National Vocational Qualifications) are available to social care staff on the job, which might provide incentives to progress and remain in the sector?

There already existed a number of training opportunities and the Government had expressed its willingness to expand these opportunities, particularly for frontline care staff, which would be funded in part by the coming National Insurance levy. It was costly for care companies to provide staff with training, so there was little incentive for smaller companies (of which there were between 500 and 600 in Lancashire) to invest in training. Investment was required from larger agencies and the

Government, although additional training would not resolve other factors, such as salary or the nature of care work.

3. Is the lack of training and opportunities to increase proficiency a key reason for the sector's current staffing difficulties?

Although training and development were important, others factors also contributed to the wider workforce problems faced by the sector. Job status, job satisfaction, and salary limits were key. Although temporary measures had helped to retain staff through the winter months, they were unlikely to solve the underlying problems which would affect the care sector for the next five years and beyond.

In response to questions from members, the following information was also provided:

- Figures about demographic changes and increasing care needs over the next 5 to 10 years would be provided to members after the meeting.
- Recently, the county council had focussed on increasing the care schemes available in Lancashire. Generally, smaller care homes provided a better quality of care, whereas larger care homes sometimes struggled to deliver reliable and personalised care. This created a gap between the requirements and aspirations of investors (generally into large care homes), and the reality of care quality as measured by the council and the Care Quality Commission.
- Improving care staff's wage would likely improve the competitiveness of social care in the job market. There had been a notable shift from local authorities and towards private provision of care over recent years, which had led to a more casualised workforce and resulted in more local authorities paying high rates for private companies to provide staff.
- In order to resolve long-term staffing problems, it was important that jobs in the care sector were not solely promoted as entry-level jobs that led, for example, to careers elsewhere. Nonetheless, better training and progression opportunities would help care staff to carry out their roles more effectively.

The Chair thanked Tony for his presentation and responses to the Steering Group's questions. It was noted that the information provided would be included in the report of the Steering Group to the Health Scrutiny Committee, which would provide another opportunity to discuss the issues raised. **[A copy of the presentation is set out at appendix A to this report.]**

New Hospitals Programme Update

The Chair welcomed to the meeting Rebecca Malin, Programme Director, and Jerry Hawker, Executive Director for the New Hospitals Programme.

The Steering Group considered an update report on the New Hospitals Programme and feedback from the public, staff and inclusion groups about the longlist of possible solutions. It was highlighted that:

- The formal shortlisting workshop was scheduled for 17 February 2022, at which attendees would use a pack of evidence (including stakeholder views gathered so far) to evaluate the longlist against agreed critical success factors.
- An update on the New Hospitals Programme could be provided to the Health Scrutiny Committee at its meeting on 22 March 2022, following the shortlisting workshop in February.

In response to questions from members, the following information was also provided:

- Public engagement would continue throughout the programme, regardless of the options shortlisted and the need for formal consultation.
- The critical success factors, which would be used to shortlist options, had been agreed at workshops held in October 2021. The shortlisting process would not be weighted, nor had the number of options to be shortlisted been agreed in advance. Patient representatives and wider stakeholders were invited to an informal meeting with senior staff before the shortlisting workshop, in order to discuss and understand the process.
- Following shortlisting, the options would be reassessed in more detail to identify the preferred way(s) forward and the need for formal public consultation. As part of a national programme, each stage of the process also required engagement with NHS England and the Department for Health and Social Care.
- From a financial perspective, it was necessary to balance capital affordability with revenue affordability. In the long term, new hospitals were likely to increase the efficiency of the workforce and therefore reduce associated costs. Without further consultation with the Department for Health and Social Care, it was important not to exclude any options too early.
- The programme aimed to gather cross-party support and welcomed the input and influence of county councillors.
- Healthwatch Lancashire had worked alongside NHS officers to carry out some of the programme's engagement with stakeholders, with a focus on a) the groups/patients least often heard; and b) campaign and pressure groups. Healthwatch's support would continue.

The Chair thanked officers for the update, and it was agreed that the New Hospitals Programme would be considered by the Health Scrutiny Committee at its meeting in March 2022.

Resolved: That

- i) The update regarding the New Hospitals Programme be noted; and

- ii) Officers be asked to present a report on the New Hospitals Programme to the Health Scrutiny Committee at its meeting on 22 March 2022.

Workforce and GP shortage position

The Chair welcomed to the meeting Paula Roles, Strategic Workforce Lead, and Sarah Sheppard, Director of People, from the Lancashire and South Cumbria Health and Care Partnership.

The Steering Group considered a presentation on workforce and GP shortages across Lancashire, a copy of which is provided in the minutes.

In response to questions from members, the following information was provided:

- It was currently unclear how workforce planning would be funded centrally under the infrastructure of the new Integrated Care Boards (ICBs). Health Education England was currently merging with NHS England and Improvement, and it had not yet been confirmed whether its role would change as a result.
- Recently there had been a significant expansion in the number of trainee GP places available and the number of medical school places across the North West, however there was an inevitable time lag between these measures and their impact on the workforce. There had also been huge investment into primary care roles that support GPs, such as physiotherapists, paramedics and mental health practitioners. Further detail about the additional roles used to supplement the GP workforce and benefit primary care would be provided to members after the meeting.
- Despite an increase in staff turnover over recent months, Lancashire and South Cumbria had good staff retention rates compared to national figures. Staff retention had improved during the pandemic due to a general slowing of recruitment and wider anxiety about starting new jobs. Generally, newly qualified staff only stayed in a role for one to two years, whereas more experienced staff remained in a role for longer. Currently, staff movement between local NHS Trusts was not well monitored. An improved retention strategy for Lancashire and South Cumbria was being developed and all local NHS Trusts were seeking to work better with agency staff to encourage them to take up permanent contracts. Concerns had also been raised about the impact that mandatory vaccination would have on the retention of staff.

The Chair thanked officers from the Lancashire and South Cumbria Health and Care Partnership for their presentation.

It was agreed that an updated report would be provided to the Steering Group in 12 months' time, to include information on the Integrated Care System's people function.

Resolved: That an update report on the NHS workforce and shortage of GPs be provided to the Health Scrutiny Steering Group in 12 months' time, at a meeting date to be agreed.

Healthwatch Lancashire – Identifying Collaborative Ways of Working

The Chair welcomed to the meeting David Blacklock, Chief Executive at People First and Kerry Prescott, Director of Healthwatch Cumbria and Lancashire.

During a period of discussion, it was highlighted that:

- Healthwatch Lancashire sought to establish a clearer working relationship with the Integrated Care System and, to that end, had accepted a non-voting seat on the Integrated Care System Board and its Strategic Commissioning Committee, plus other bodies.
- Healthwatch could be invited to attend the Health Scrutiny Committee's work programming session, which was held annually around June, so that Healthwatch Lancashire's work programme could be better aligned with that of the committee.
- Healthwatch Together was a collaboration of Healthwatch services from Blackburn, Blackpool, Cumbria and Lancashire which worked to coordinate work programmes and ensure they were effective in all areas of Lancashire.
- Healthwatch Lancashire was working closely with Healthwatch Sefton, in West Lancashire, because residents living in Ormskirk tended to visit Southport Hospital. This formed part of Healthwatch's recent work at A&E departments to understand why people attend A&E.
- First-hand patient experiences and stories were collected by Healthwatch and could be presented at committee meetings to support the committee's reviews. It was important to hear patient voices, but also to work collaboratively with NHS services and Trusts so that they were able to prepare and respond.
- Healthwatch could support the Steering Group by providing information about the local Frequent Attenders Programme.

It was agreed that Healthwatch officers would review Health Scrutiny Committee and Steering Group agendas in advance of their meetings and attend where they were able to add value.

The Chair thanked Healthwatch officers for their flexibility and willingness to work closely with the health scrutiny function.

Resolved: That Healthwatch Lancashire be invited to attend future meetings of the Health Scrutiny Committee and Health Scrutiny Steering Group, where they could

add value, and the next work programming session of the Health Scrutiny Committee.

Work Programme 2021/22

The Steering Group reviewed the Health Scrutiny Work Programme for 2021/22.

It was noted that:

- Confirmation about the report on early intervention and social prescribing had not been received from the Public Health team, but the committee meeting on 1 February 2022 would still cover two main items, as set out in the Work Programme.
- The Joint Health Scrutiny Committee for the Reconfiguration of Hyper-Acute Stroke Services across North Mersey and West Lancashire was due to meet at the end of January.
- The Work Programme would be updated to reflect the agreed outcomes of the meeting.

Members highlighted the importance of planning multiple items for future meetings of the Health Scrutiny Committee, so that meetings could still go ahead and be productive even in circumstances where one report had to be deferred.

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

Health Scrutiny Steering Group Briefing Report

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

It was agreed that members would keep the reports regarding the University Hospitals of Morecambe Bay NHS Foundation Trust Urology and Trauma and Orthopaedic Services (Item 4), for consideration at the next Steering Group meeting on 9 February 2022.

Further to the Steering Group's decision that the Health Scrutiny Steering Group briefing report would be shared with the Health Scrutiny Committee, it was agreed that the report would be shared via email following Steering Group meetings, so that members and co-opted members of the committee received the information in a timely manner.

Resolved: That

- i) The Health Scrutiny Steering Group briefing report be noted; and
- ii) The Health Scrutiny Steering Group briefing report be shared with members and co-opted members of the Health Scrutiny Committee via email after meetings of the Health Scrutiny Steering Group.

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