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