

**Lancashire County Council**

**Health and Adult Services Scrutiny Committee**

**Minutes of the Meeting held on Friday, 13th December, 2024 at 10.30 am in  
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

**Present:**

County Councillor David Westley (Chair)

**County Councillors**

J Mein	N Hennessy
U Arif	N Khan
P Britcliffe	E Pope
S Clarke	S Rigby

**Co-opted members**

Councillor Z Coupland, Preston City Council  
Councillor Margaret France, Chorley Council  
Councillor Martin Gawith, Lancaster City Council  
Councillor Mark Hindle, Ribble Valley Borough Council  
Councillor Lou Jackson, South Ribble Borough Council

**1. Apologies**

Apologies were received from County Councillors Joan Burrows, Stuart C Morris and Borough Councillors Julie Robinson, Viv Willder, Chris Church, Vickie Cummins and Liz McInnes.

County Councillor Nweeda Khan replaced County Councillor Erica Lewis on a permanent basis.

County Councillor Stephen Clarke replaced County Councillor Joan Burrows for this meeting only.

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

None.

**3. Minutes of the Meeting Held on 30 October 2024**

**Resolved:** The minutes of the meeting held on 30 October 2024 be confirmed as an accurate record.

#### **4. Urgent and Emergency Care Admission Avoidance and Adult Social Care Short Term Service**

County Councillor Sue Whittam, Lead Member for Health, Paul Lee, Director of Adult Care and Provider Services, Sue Lott, Head of Service, Urgent Care, Acute and Prisons, Dr Tony Naughton, Place Based Clinical and Care Professional Lead and Heather Woodhouse, Integrated Place Leader – North Lancashire, Lancashire Place Based Partnership attended the meeting to provide information and partake in a discussion on NHS Urgent and Emergency Care Admission Avoidance.

The report circulated in the agenda pack provided an update on urgent and emergency care (UEC) delivery across Lancashire.

The Chair invited questions from committee members and a summary is outlined below:

- Regarding virtual wards, the committee queried their progression and further queried their effectiveness in winter from periods of high sickness. The committee were informed that there were 373 virtual ward beds within Lancashire and South Cumbria Trusts, this was in line with the national average in relation to population. It was further explained that work had been ongoing with Trusts and clinicians to maximise their effectiveness. The occupancy for virtual wards was currently operating at approximately 70-75%, with the national target being 80% however it was highlighted that 17,000 patients a year were supported through virtual wards. Further to this, the committee were informed that it had been set out in the Integrated Care Board's (ICB) commissioning intentions to transition to a more generalist model in comparison to current condition specific virtual wards.
- Members heard that there were three phases to management which included pre-arrival to hospital, the experience in hospital and moving people out of hospital. It was further highlighted that there were several strategies in place to prevent people from attending A&E and sharing risk between primary and secondary care settings. Members were informed that the individuals most likely to attend A&E were from the most deprived areas in the community. It was explained to the committee that local culture and behaviour was challenging to change and took place over an extended period of time however it was highlighted that a number of community projects were ongoing across Lancashire, including Healthy Fleetwood.
- It was further queried by the committee if all deprived areas of Lancashire were receiving support to access healthcare. Members were informed that there was a Population Health Lead for every Health and Wellbeing Partnership, and that the work being undertaken by these partnerships was informed by local data and feedback from the community to address area



specific issues. Regarding the New Hospitals Programme, the committee were informed that there was a focus on community infrastructure with potential health hubs in each area set up prior to the opening of the 2 new hospitals, to ensure grass roots community care.

- Regarding admission avoidance, members queried if Artificial Intelligence was being utilised to inform which areas had the highest level of health poverty, as well as which areas had the lowest uptake in vaccinations. Members were informed that predicting admissions was not a challenge, the current prediction model had been in place for several years. It was also explained that an Urgent and Emergency Care dashboard was utilised and provided real time information on deprivation, proximity to an A&E, wait times etc to inform service provision. Further to this, it was explained that a number of successful national pilots took place in the North West to predict people's likelihood of admission which then informed the creation of other services such as advanced primary care however these were not commissioned nationally. Regarding vaccinations, the committee were informed that there had been a large uptake in vaccinations in pharmacies however social media had fuelled the spread of misinformation and therefore the overall vaccination uptake had decreased.
- Regarding health inequalities in deprived communities, the committee raised concern over healthcare provision available to children and the effects on their education and social capability. It was highlighted to the committee that there were multiple factors affecting health inequalities such as food poverty, access to transport and access to paid work for parents however it was explained that there were health consequences to these factors such as poor literacy skills in children.
- Members queried the main challenges in regard to discharging from hospital care. The committee were informed that staffing remained the main challenge within Adult Social Care, along with recruitment and retention. It was further explained that strikes had also impacted the service, but work was ongoing to mitigate those factors.
- It was highlighted to the committee that primary care hubs were part of the Integrated Urgent Care Commissioning Programme and separate to the New Hospitals Programme. It was further confirmed that the timescale for their implementation was April 2026.
- The committee queried how success was measured. Members were informed that in regard to urgent and emergency care, nationally the two key areas that were monitored was the 4 hour performance in A&E wait times and the other was category 2 ambulance response times with a target of 30 minutes.

**Resolved:** That the report be noted.



## 5. NHS Shaping Care Together Programme Update

Prof. Sarah O'Brien, Chief Nursing Officer, LSC ICB and Dr Kate Clark, Director of Strategy, Mersey and West Lancs Teaching Hospitals Trust attended the meeting to provide the committee with information on emerging themes and survey responses in regard to the NHS Shaping Care Together programme in order for the Health and Adult Services Scrutiny Committee to determine if the change in services constituted substantial variation.

The report and presentation circulated in the agenda pack provided information on the emerging themes that had resulted from the public engagement process which informed the options for services. It was noted to the committee that the options all involved colocation of adult and children's emergency services.

The Chair invited questions from committee members and a summary is outlined below:

- The committee queried how the options had been decided. It was further queried how colocation had been decided as the best option. It was highlighted to members that extensive consultation and engagement with the public had taken place which informed the options, there was now a shortlist of options which covered the feedback from the public. Members were informed that a formal business case was currently being formed which would then be consulted on, and following agreement from the Lancashire and South Cumbria ICB and Cheshire and Merseyside ICB, this would be shared publicly.
- It was confirmed to the committee that the joint committee responsible for approving the business case would contain representation from both Lancashire and South Cumbria ICB and Cheshire and Merseyside ICB.
- Members were informed that the business case will be taken to the North West Medical Senate at the beginning February 2025, then NHS England at the end of February 2025.

### Resolved:

- i. That the proposals as part of the Shaping Care Together Programme be confirmed as a potential substantial variation of current service provision.
- ii. Pending outcome of the Sefton Council Health Scrutiny Committee meeting in January 2025, a joint health scrutiny committee be convened.

## 6. New Hospitals Programme - Progress Update

Andrew Bennett, Director of Population Health and System Lead for the New Hospitals Programme LSC ICB, Jane Kenny, Lead Nurse Recovery and Support Programme (RSP) and Lead Nurse for the New Hospitals Programme UHMB and Steve Canty, Divisional Medical Director, Consultant Orthopaedic Surgeon, and Medical Lead for New Hospitals Programme LSCFT attended the meeting to provide a progress update on the New Hospitals Programme.



The report circulated in the agenda pack provided information on the 2 preferred site locations for the New Hospitals Programme, information was also provided on the proposed engagement activity following the announcement of the preferred locations.

The Chair invited questions from committee members and a summary is outlined below:

- It was highlighted to the committee that the current review of the New Hospital Programme was taking place by central government, and this could affect the timelines of the 2 hospitals opening. Furthermore, members were informed that priority was being given to 'RAAC' hospitals, those with problems with concrete.
- Regarding the preferred location in South Ribble to replace Royal Preston Hospital, members queried how this was decided as the preferred site. The committee were informed that identifying a site that was of sufficient size, with adequate transport links was a challenging process. Further to this, members heard that 9 sites were considered in Lancaster and 12 sites in Preston, to which an appraisal process was undertaken for sites that fit the criteria and then were compared. The committee were also informed that public engagement would begin in January 2025.
- It was explained to the committee that there was a process in order to receive financial support to build the 2 new hospitals, including the production of a business case.
- The committee queried what services would be available at each hospital. Members were informed that the NHS would consult with the public to inform how services were delivered.
- Regarding public consultation, it was queried what would happen if the public expressed significant dissatisfaction with the preferred site to replace Royal Preston Hospital. It was highlighted that the change of location was significant and this had been considered, further to this it was explained to members that in order to mitigate this other health facilities could be brought closer to the communities residing furthest from the new site.
- The committee raised concern over 'RAAC' hospitals and queried what construction methods would be used to ensure the new hospitals would have a longer lifetime than current sites. It was highlighted to the committee that the lifespan of hospitals was due to the buildings being intensely used. Members were informed that modularity and flexibility would be used in the designs with the intention of the buildings being expanded or reconfigured. It was also noted to members that current hospitals could be used to inform the design and ensure longevity.



- Concern was raised regarding community services not being sufficient and that provision would not be available to support the new hospitals once they were constructed. Members heard that the hospital needed to be a connective model of care, it was further noted that conversations were taken place with GP Surgeries and councils to promote an 'out of hospital' model.

**Resolved:**

- i. That information provided on the proposed engagement be considered.
- ii. That a further update report be provided to the committee at the February meeting to include the following key areas:
  - a. Outcome of the Central Government country wide review of New Hospitals Programme and potential impact.
  - b. Transport
  - c. Construction methods
  - d. Timeline of programme
  - e. Service provision – to include lessons learnt from previous programmes (e.g. Blackburn/Burnley)
  - f. Ongoing engagement

**7. Report of the Health Scrutiny Steering Group**

County Councillor David Westley presented a report on the Health Scrutiny Steering Group meeting which took place on 20 November 2024.

The report circulated in the agenda pack provided information on the North West Ambulance Service Update and the Public Health Service Update, it was noted that the biggest challenge facing the North West Ambulance Service was ambulances being stuck at A&E however there was an improvement in response times.

**Resolved:** That the report of the Health Scrutiny Steering Group be received.

**8. Work Programme 2024/25, Actions and Assurances Update**

County Councillor David Westley presented a report on the Health and Adult Services Committee and Steering Group work programme 2024/25. Information was also provided on actions from the last meeting of the committee and an update on assurances.

It was noted that the New Hospital Programme Update item would be brought to the meeting of the committee in February 2025.

**Resolved:** That the Health and Adult Services Scrutiny Committee and Steering Group Work Programme 2024/25 be noted.

**9. Urgent Business**



There were no items of Urgent Business.

**10. Date of Next Meeting**

The next meeting of the Health and Adult Services Scrutiny Committee will be held on Wednesday, 5 February 2025 at 10:30am in Committee Room C – The Duke of Lancaster Room, County Hall, Preston.

H MacAndrew  
Director of Law and Governance

County Hall  
Preston

