

## Health Scrutiny Committee

Meeting to be held on Tuesday, 6 November 2018

Electoral Division affected:  
(All Divisions);

### Report of the Health Scrutiny Steering Group and the Joint Cumbria and Lancashire Health Scrutiny Committee

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

#### Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 19 September 2018 and the Joint Cumbria and Lancashire Health Scrutiny Committee at its planning meeting held on 28 September 2018.

#### Recommendation

The Health Scrutiny Committee is asked to receive the report of its Steering Group and the Joint Cumbria and Lancashire Health Scrutiny Committee.

#### Background and Advice

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:

- 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
- To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;

- To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;
- To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly;
- 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.

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 19 September 2018:**

#### **❖ New ambulance standards**

Peter Mulcahy, Peter Ballan and Mark Wenman from the North West Ambulance Service (NWAS) NHS Trust attended the meeting to provide an update on the Trust's implementation of the new ambulance response programme.

The Steering Group recalled that when NWAS last presented to the Health Scrutiny Committee back in October 2017, it was unable to provide an update on the rollout of the new standards. The aim of this update was to demonstrate what the Trust had learned from the new standards, its ambition and how it would achieve this through its strategy – taking clinical decisions early in the patient journey.

It was reported that on 7 August 2017, NWAS had joined the Ambulance Response Programme/standards pilot (v2.3). The new standards facilitated the following changes/enhancements:

- A change in focus for response times from the fastest to the best and most appropriate;
- Call handlers having more time to assess 999 calls; and
- Response times to **all** patients would be considered in the new standards rather than the performance of the most life threatening calls of which only 75% of incidents were required to meet the old standards - within eight minutes.

The Steering Group was informed that the Trust needed to find ways of being effective with existing resources. Examples of initiatives included:

- Working with GP practices and care homes – it was noted that GPs had different specialities and each area had varying numbers of care homes within. GPs were not 24/7 service by comparison with NWAS. There was a need to reduce the number of peak calls to the Trust which was between 9am and midday, particularly on a Monday;
- Establishing a frequent caller team meeting patients out in the community to help plan the most appropriate care for those individuals;

- Integrating mental health clinicians from the Lancashire Care Foundation Trust (LCFT) within the NWAS Emergency Operations Centres; and
- Pharmacists working in Emergency Operations Centres.

Other changes included a new set of pre-triage questions to aid callers in recognising those patients in need of the fastest response, earlier in the call. This enabled the Trust to send out the most appropriate vehicle first time and not multiple vehicles which would in turn free up resources to respond to other emergencies. It was noted that in some circumstances it might still be necessary to send multiple vehicles due to complexities and the need for more support e.g. cardiac arrest. It was also noted that the Trust was performing well on its survival to discharge times and was happy to evidence this point.

Performance against the four new categories (C1 to C4) would be measured upon the mean (average) time for all incidents along with a 90<sup>th</sup> percentile target i.e. meeting the standard nine times out of ten. The code set for the types of conditions allocated against the four new categories contained in the region of 2100 codes. For example C1 included incidents such as cardiac arrest, drowning, hanging. C2 stroke, road traffic collision whereas the C4 category included instances of GP admissions and transfers. The Trust was happy to share the code set with members. It was noted that the Trust felt some codes were inappropriately categorised and had reported its findings to the Department for Health and Social Care.

The Trust had established a performance improvement plan to meet the new standards. In addition to the initiatives referred to earlier, this included:

- Increasing the number of DMA/DCA (double crewed ambulances);
- Increasing see and treat (S&T) and hear and treat (H&T) services; and
- Working with partners and NHS Improvement to enhance hospital turnaround targets.

The Steering Group noted the update.

### ❖ **North West Ambulance Service (NWAS) Care Home Work**

Peter Mulcahy, Peter Ballan and Mark Wenman from the North West Ambulance Service (NWAS) NHS Trust provided the Steering Group with an update on the Trust's work to support people living in care homes through the implementation of the Nursing and Residential Triage Tool.

It was reported that up to 10% of the Trust's incidents were from care homes. Of those just under 30% resulted in non-conveyance to a hospital as some 999 calls were for minor conditions or incidents which did not require an emergency ambulance. The Trust established an internal working group to review this matter.

It was reported that the triage tool was an adapted version of the Manchester Triage System – an internationally used system for triaging patients, based on patient presentation; not diagnosis.

The aim of the triage tool was to enable care home staff on the scene to prioritise patients and to support the identification of lower acuity situations whereby an alternative pathway of care may be established following a telephone triage with a health professional (Specialist Practitioner, local GP or Acute Visiting Service (AVS) scheme).

A question was asked on whether families had the opportunity to provide input to an incident. It was noted that for the majority of time, the Trust responded to falls and family members were often not present.

During October 2015, two care homes were identified as the highest callers in the Trust's area and subsequently took part in a feasibility study from November 2015, for a period of three months. During this period, the Trust saw a marked reduction in 999 activity. In addition there was no increase in the amount of health care professional admissions from these homes. Furthermore, there were no critical or adverse incidents reported during the three month feasibility study.

Operational savings and potential clinical commissioning group savings were projected for the two care homes over a 12 month period. Over 25 shifts, 297 hours could have potentially been saved for the Trust. Potential savings could have reached over £64k.

Subsequently, from November 2016 the Trust introduced the triage tool in ten care homes across the North West on a six month pilot basis. A review of the pilot highlighted that whilst calls to the Trust had reduced by over 52%, the overall conveyance rate had increased. It was reported this demonstrated that the triage tool was assisting people with making the right decisions and provided a consistent approach to care.

On the future roll out of the triage tool, it was reported that it would require the buy in from council led homes, clinical commissioning groups and GPs. A level of available resources would be required, particularly around training and support during initial implementation.

The Health Scrutiny Steering Group recommended that;

The Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire.

#### **24 October 2018:**

This meeting was cancelled as the two items due for consideration, Care for You and Rossendale Birth Centre were deferred at the request of officers from the respective NHS bodies.

#### **Future meetings of the Steering Group**

Future meetings of the Steering Group have been provisionally scheduled for the following dates:

- 21 November;
- 16 January 2019;
- 20 February;
- 13 March;
- 17 April; and
- 14 May.

Matters currently planned and scheduled for Steering Group are set out in the appendix to the work programme report further in the agenda.

### **Joint Cumbria and Lancashire Health Scrutiny Committee**

The Joint Cumbria and Lancashire Health Scrutiny Committee meets on an ad hoc basis. The purpose of the Joint Committee is to discharge the health scrutiny functions of Cumbria and Lancashire County Councils in relation to any proposals made by the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) regarding any cross boundary substantial variations in service provision as they arise.

County Councillors nominated from Lancashire County Council are as follows:

- C Edwards;
- S Morris (Acting Vice Chair);
- M Pattison; and
- P Williamson.

A planning meeting of the Joint Cumbria and Lancashire Health Scrutiny Committee took place on the 28th September 2018. Members considered the Terms of Reference for the Joint Committee as well as the potential work programme.

The Joint Committee received notification from the University Hospitals Trust of Morecambe Bay of a proposal to relocate the DEXA (bone density) scanning service from its rheumatology clinic at the Royal Lancaster infirmary to Westmorland General Hospital.

Members discussed the proposal and whether to formally convene the Joint Cumbria and Lancashire Health Scrutiny Committee to consider it. It was agreed that a revised proposal containing an updated timetable for the move along with an action plan to mitigate the issues raised around access be provided to the Acting Chair and Vice Chair to determine whether the Joint Committee should be formally convened. The Joint Committee is currently awaiting receipt of the revised proposal.

### **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
N/A		
Reason for inclusion in Part II, if appropriate		
N/A		