

## Health Scrutiny Committee

Meeting to be held on Tuesday, 11 December 2018

Electoral Division affected:  
(All Divisions);

### Report of the Health Scrutiny Steering Group

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 21 November 2018.

#### Recommendation

The Health Scrutiny Committee is asked to receive the report of its Steering Group.

#### 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 21 November 2018:**

#### **❖ Vascular Position Statement**

Tracy Murray, Senior Programme Lead Vascular and Head & Neck, Healthier Lancashire and South Cumbria Integrated Care System and Sharon Walkden, Project Manager, NHS Midlands and Lancashire Commissioning Support Unit (CSU) attended the meeting to provide the background and drivers for change to improve the quality and access to vascular services and the establishment of a Lancashire and South Cumbria Vascular Programme Board to govern the process.

It was reported that following the development of the Integrated Care Partnerships (ICPs) and the Lancashire and South Cumbria Integrated Care System (ICS), work had taken place within localities and provider organisations to prioritise clinical services that were identified as fragile in terms of sustainability. The Steering Group was informed that fragility was driven by workforce availability, current service models of delivery or capacity demands and vascular services had been identified by the Chief Officers of five Acute Trusts and the wider ICS leadership team as a clinically fragile service.

The current vascular service structure was commissioned from 2013 following the Cardiac and Stroke Network Review of vascular services in 2011 – ‘Improving Vascular Services: A Case for Centralisation of Vascular Services in Lancashire and Cumbria’.

The current service is in the main offered by Lancashire Teaching Hospitals NHS Foundation Trust (LTH) and East Lancashire Hospitals NHS Trust (ELHT) who provide vascular inpatient and outpatient services for Lancashire and South Cumbria.

In addition to the central Lancashire area, Lancashire Teaching Hospitals provide vascular services to west Lancashire and south Cumbria areas. Inpatient surgery was carried out at Royal Preston Hospital with outpatient and day case services provided at Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and University Hospitals Morecambe Bay NHS Foundation Trust (UHMB). Whilst East Lancashire Hospitals Trust provide vascular services to East Lancashire, it was noted that they only provide some community based services and did not currently partner with another acute trust.

Since the service was commissioned in 2013, the national programme Getting it Right First Time (GiRFT) had made a number of recommendations and a new draft NHS England (NHSE) Vascular Specification was published in 2017.

Lancashire and South Cumbria providers and commissioners came together in July 2018, to discuss the current service including performance against recommendations and clinical standards. A summary of the issues identified included:

- East Lancashire Hospitals Trust population size did not meet minimum requirements (800k people);
- Treatment waiting times are longer at Lancashire Teaching Hospitals;
- Demand is increasing at Lancashire Teaching Hospitals but is relatively stable at East Lancashire Hospitals Trust; and
- East Lancashire Hospitals Trust was just achieving minimum surgery volumes.

Following this the Lancashire and South Cumbria Vascular Programme Board (VPB) was established to provide assurance and agree and implement a model of care that would make the service safe and sustainable, reduce unwarranted variation in access and service for the population of Lancashire and South Cumbria, and to provide consistency with national guidance and best practice. The first meeting of the Board was held on 25 October 2018, to review membership and a number of initial programme management documents. An independent Chair and Clinical Lead was identified (Arun Pherwani) with membership including the following:

- Patient Representative;
- Acute Trusts (hubs and spokes): Medical Director, Vascular Clinical Director, Interventional Radiologist, Operational Manager, Director of Strategy, Rehabilitation Consultant; Anaesthetist and Clinical Nurse Specialist;
- GP representative;
- North West Ambulance Service (NWAS) representative;
- Commissioners: Specialist and Local;
- ICS: Acute & Specialised Services Programme Director, Senior Programme Lead, Project Manager;
- GiRFT Implementation Manager;
- RightCare North West Lead; and
- Invited attendees as required.

It was reported that equality impact assessments were currently being produced. A number of next steps and agreed actions had been agreed by the Board which included:

- Continued development of programme management documents (Communications and Engagement Strategy, Risk Register and Project Plan);
- Working with organisations including NHS England to improve quality and performance data;
- Developing programme design principles, process and information requirements to arrive at preferred service model option; and

- Developing a long list of service model options and hurdle criteria.

The overall aim of the programme was to agree and implement a model of care that was safe and sustainable, reduced variation in access, improved patient diagnosis and treatment, improved mortality and morbidity and was consistent with national guidance and best practice. It was also stated that there were peripheral benefits to be gained from this programme in relation to services provided by acute trusts on matters such as stroke services.

Members raised a number of comments and questions, a summary of which is provided below:

- On the model of care, a question was asked if there was a vision for how services might be delivered across the two hospital sites for Lancashire Teaching Hospitals. It was confirmed that there was no desire to move patients between different sites.
- Why services in West Lancashire were outside the scope of the programme and would not be included in any service reconfiguration work (i.e. Southport and Ormskirk Hospital NHS Trust, NHS West Lancashire Clinical Commissioning Group and West Lancashire Borough Council). It was explained that patients in West Lancashire would travel to sites belonging to Mersey Care NHS Foundation Trust.
- Whether links would be established with voluntary organisations. It was reported that the equality impact assessments would identify any risks and opportunities for voluntary organisations forming a part of any future model of care.
- Whether a campaign on vascular health would be launched and the possibility of utilising libraries (as community hubs) to roll out such a campaign. It was confirmed that there was no campaign in production. However, it was suggested that the Board could consider the possibility of organising a roadshow to help inform the public.
- On timescales it was stated that whilst there was an assurance process to go through, it was hoped that a preferred model would be agreed in six months' time.
- Any resistance to change? The Steering Group was informed that during the review of vascular services in 2011, concerns were expressed by neighbouring Trusts which had influenced the model of care that was commissioned from 2013 onwards. It was hoped that the work of the Vascular Programme Board would resolve these legacy issues.
- On providing care closer to home, a question was asked on how this might be staffed. It was reported that once the clinical model had been agreed, the Board would consider aspects such as estates and workforce. Assurances were given that the Board would only put a model in place that was achievable and realistic. It was likely that the model of care would identify how best to utilise staff across rotas and the area.
- On training people to enter the vascular profession, it was noted that the length of time it took for someone to complete their education and training was a lengthy process. It was confirmed that people currently going through training would be taken into account in the model of care.

In considering the referral further, the Steering Group felt that this matter was a significant issue and that a progress update on the work of the Board and model of care be presented to a future meeting.

**Resolved:** That;

1. The establishment of the Lancashire and South Cumbria Vascular Programme Board and the progress to date be noted.
2. An update on the work of the Programme Board and the model of care be presented to the Health Scrutiny Steering Group in six months' time.

❖ **North West Ambulance Service (NWAS) Care Home Work - Initial response to the Steering Group's recommendation**

Lisa Slack, Head of Service Patient Safety and Safeguarding attended the meeting to present the response to the Steering Group's recommendation which was:

"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."

The response was set out at appendix A to the report. It was explained that the triage tool was piloted in 2016 with 22 care homes across the Pennine Lancashire area. Each care home was trained in the use of the triage tool with the aim of increasing staff confidence in appropriately dealing with ill or injured residents. Discussion with East Lancashire Clinical Commissioning Group (CCG) and the North West Ambulance Service (NWAS) Transformation team had anticipated further work, however, the Transformation team were unable to provide ongoing support.

It was noted that the scheme was being progressed in Pennine Lancashire by a Rossendale-based Community Paramedic and a network of NWAS Champions allocated to care homes across Pennine Lancashire. However, the Steering Group was informed that NWAS were unable to demonstrate the sustainability of the current champions model and that the county council would not want to pursue this initiative further.

It was also noted that the proposal from NWAS only made reference to support during initial implementation and that this had been a barrier to further roll out across Pennine Lancashire. In addition to this it was stated that the proposal to train care homes via e-learning and train the trainer approach would be difficult to achieve in a sector with a transient workforce. Notwithstanding this, the Steering Group was informed that an email from the Blackpool Clinical Commissioning Group as lead commissioner stated that the CCG was working closely with NWAS on a number of transformation programmes, via the Strategic Transformation Board and that the programme included the role out of the triage tool. Support from the Steering Group was welcomed.

The Steering Group felt that the triage tool could still form a part of the solution to managing and relieving pressures on the health and social care system and felt that this was an innovative approach. There was a consensus from the members that barriers to the roll out of the triage tool needed to be removed whereupon it was suggested that this matter be pursued by the Steering Group further. Furthermore, it was noted that the written response provided did not include comments from NWS or Blackpool Clinical Commissioning Group.

Members speculated whether the triage tool could be introduced into the NVQ qualification or if training could be shared between organisations. In considering all the information, the Steering Group;

**Resolved:** That;

1. The formal response be noted.
2. Representatives from the North West Ambulance Service, Blackpool Clinical Commissioning Group and the County Council be invited to attend the next meeting of the Health Scrutiny Steering Group to consider how the triage tool could be progressed and rolled out across Lancashire.

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

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

- 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.

### **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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N/A

Reason for inclusion in Part II, if appropriate

N/A