

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 2 June, 2015 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	B Murray
Mrs F Craig-Wilson	M Otter
G Dowding	N Penney
N Hennessy	D T Smith
M Iqbal	D Stansfield
Y Motala	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Hasina Khan, (Chorley Borough Council Representative)
Councillor Roy Leeming, (Preston City Council Representative)
Councillor Asjad Mahmood, (Pendle Borough Council Representative)
Councillor Keith Martin, (South Ribble Borough Council)
Councillor Julie Robinson, (Wyre Borough Council Representative)

Welcome

The Chair welcomed new members to the Committee: County Councillor David Smith and co-opted members Councillors Barbara Ashworth (representing Rossendale Borough Council) and Colin Hartley (representing Lancaster City Council).

Councillor Keith Martin attended in place of Councillor M Titherington (representing South Ribble Borough Council) for this meeting.

1. Apologies

There were no apologies for absence.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

Councillor Colin Hartley (Lancaster) declared a non-pecuniary interest in item 6 (North West Ambulance Service) on the grounds that he is a governor of University Hospitals Morecambe Bay Trust.

3. Appointment of Chair and Deputy Chair

Resolved: That the appointment of County Councillor Steven Holgate as Chair of the Committee and County Councillor Yousuf Motala as Deputy Chair for 2015/16 be noted.

4. Constitution, Membership and Terms of Reference

A report was presented on the Membership and Terms of Reference of the Committee.

It was reported that Councillor B Ashworth had been appointed to represent Rossendale Borough Council and Councillor Colin Hartley had been appointed to represent Lancaster City Council.

The re-appointment of Councillors T Ellis (Burnley), H Khan (Chorley), A Mahmood (Pendle), and M Titherington (South Ribble) as the co-opted representative for their Council had now been confirmed.

Nominations were awaited from Fylde and West Lancashire district councils.

Resolved: That the Membership and Terms of Reference of the Committee, as now reported and set out below, be noted.

County Councillors

M Brindle	A James
F Craig-Wilson	Y Motala
G Dowding	B Murray
N Hennessy	M Otter
S Holgate	N Penney
M Iqbal	D Smith
	D Stansfield

Non-voting co-opted members

Burnley Borough Council	-	Councillor T Ellis
Chorley Borough Council	-	Councillor H Khan
Fylde Borough Council	-	Awaiting nomination
Hyndburn Borough Council	-	Councillor K Molineux
Lancaster City Council	-	Councillor C Hartley
Pendle Borough Council	-	Councillor A Mahmood
Preston City Council	-	Councillor R Leeming
Ribble Valley Borough Council	-	Councillor Mrs B Hilton
Rossendale Borough Council	-	Councillor B Ashworth
South Ribble Borough Council	-	Councillor M J Titherington
West Lancashire District Council	-	Awaiting nomination
Wyre Borough Council	-	Councillor J Robinson

5. Minutes of the Meeting held on 14 April 2015

The Minutes of the Health Scrutiny Committee meeting held on the 14 April 2015 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 14 April 2015 be confirmed and signed by the Chair.

6. North West Ambulance Service

The report explained that a motion had been carried at Full Council on 26 February requesting the North West Ambulance Service (NWAS) to meet with the Steering Group of the Health Scrutiny Committee. That meeting took place on 13 April and a copy of the notes and additional information were presented at Item 7 on the agenda for this meeting.

Following the attendance of the Trust at the meeting on 13 April the Chair of the Health Scrutiny Committee felt it would be both appropriate and beneficial for officers to return and have a wider discussion on the issues raised with the full membership of the Committee.

The Chair welcomed the following guests:

- Bob Williams - Chief Executive Officer, North West Ambulance Service NHS Trust
- Peter Mulchay – Head of Service for Cumbria and Lancashire
- Allan Jude – Director of Ambulance Commissioning, Blackpool Clinical Commissioning Group (Blackpool are the lead CCG commissioner for NWAS for the North West)

Mr Williams delivered a PowerPoint presentation and explained some of the complex issues facing the service. The presentation set out performance standards, activity levels and response times both for the NWAS and Lancashire. It was acknowledged that, last year, performance had been poor in terms of response times and the presentation sought to explain the many, sometimes complex reasons for this and the various plans in place to try to correct the situation.

Mr Williams was pleased to report a significant improvement in the figures for May 2015; details set out on a slide showed that performance against target for Red 1 and Red 2 calls had improved in every CCG area in Lancashire.

A copy of the presentation is appended to these minutes.

Mr Jude emphasised the importance of perspective when considering the figures, pointing out that just one second could be the difference between being on target or below target and that only ten percent of calls were for life threatening situations. He pointed out that last year had been exceptional and that activity nationally had been significantly higher, which had had an impact on the Service nationwide.

He reported that the CCG had received an uplift in funding of two and a half percent but they, as commissioners, had increased their investment into the ambulance service by five per cent. There were many initiatives ongoing in conjunction with CCGs and the NWAS.

The Chair acknowledged that the NWAS was operating in a difficult environment and that there were other delays in the pathway, for example transfer from the ambulance to the care of a clinician in hospital, where the hospitals' target of 15 minutes was not currently being met. He encouraged members to adopt a positive, solution-based approach.

A summary of the main points arising from the discussion are set out below:

- The Committee was assured that NWAS was working closely with the Fire Service to maximise estates and there were several examples of shared premises; in Lancaster they were in the final stages of planning a joint new build. There were regular meetings with the Fire Service regarding estates matters.
- Whilst the level of dialogue between NWAS and the Fire Service varied around the northwest there were many examples of collaborative working, for example the Manchester Fire Service had established a Community Response Incident Team to respond to falls, which were often not due to a medical issue, more a physical condition that simply required that the 'patient' be lifted and made comfortable. It was important, where possible, to ensure that paramedics were not being sent to jobs for which they were not needed.
- There were currently 38 Community First Responder (CFR) teams across the county, which equated to 250 trained people. Peter Mulchay undertook to provide the Committee with details of their location. He reported that two six

month pilots were being set up in Ormskirk and Morecambe for which Fire Service personnel would be trained to the same level as CFRs. If successful in terms of patient outcomes the scheme would be expanded. The results of the pilots would also be shared with this Committee.

- The Committee was informed that all Fire Service appliances carried defibrillators funded by NWAS.
- It had been acknowledged that last year was a poor year in terms of response times and it was explained that possible reasons for this, in terms of demand on the ambulance service nationally, were currently being analysed. It was noted that there had been much pressure on GPs also and that NWAS had been affected by the 'overflow'. The current financial climate might also have been a factor. It was a complex picture.
- One member cited an example in a deprived area of Lancaster where women had not been attending pre-natal classes because of the cost of public transport to the venue and therefore more local provision had been arranged, which had improved attendance and reduced post natal and perinatal deaths.
- Mr Williams agreed with the view that people's expectations were increasing and becoming unrealistic. It was important for people to access the support available in the community and for there to be more emphasis on prevention, early intervention and self-help.
- The point was made that Public Health was now the responsibility of the local authority and that more services were developing in the community in a whole-system approach. The Better Care Fund, which is a local single pooled budget to incentivise the NHS and local government to work more closely together, was a significant example of this.
- There was also potential for synergies between 111 calls and 999 calls.
- The Committee was informed that as a result of the Acute Visiting Service, ambulance crews had diverted some 13,000 calls to GPs between January and April with a 90% success rate, meaning that it had been the right thing to do in that the patient had not needed hospital treatment.
- Another issue receiving particular attention by the NWAS, working with CCG partners, was repeat falls in the home; a new 'falls car service' had just been introduced in two parts of the county. This involved a paramedic and an occupational therapist travelling by car to attend falls and to also assess risks and identify issues to help prevent further falls.
- The reduction by two minutes (from 29.5 to 27.5) in handover time from the ambulance to the hospital was welcomed, but it was noted that this still fell short of the 15 minute target. It was explained that it was for the hospitals to manage their processes and activities, however NWAS was approaching the problem in a collaborative way. It was reported that fines had now been introduced for failure to meet the 15 minute target, which could affect the situation.
- It was confirmed that there was much joint working with the Police also, for example defibrillators were now carried in Police cars. There had been much interaction around mental health issues and paramedics were now being deployed to Police control units at key times to advise on relevant incidents. There was currently a pilot project in the form of a pocket book provided to

police constables to help them make a judgement about what type of help was required in certain circumstances.

- The improvements in response times were welcomed, but members remained concerned about the tendency for ambulances leaving the hospital site to then attend a call nearest to that location and the possible implications for rural communities. The Committee was assured that calls were prioritised according to their seriousness and the ambulance would only attend the nearest location if other more serious incidents were not waiting.
- Members were keen to know if there was anything the local authority could do through its own services to assist / improve the ambulance service pathway; it was suggested that services in the community and increased joint working between the local authority and the health care system, especially to help with the release of hospital beds would be useful.
- In noting that a high percentage of calls were to elderly people, a question was raised about the possible impact of increased care in the community on the Ambulance Service, for example for falls in the home.
- It was acknowledged that the majority of calls were to elderly patients, but not necessarily in their own home; many calls came from residential homes, which had a 'no lift' policy. The Ambulance Service was often called to lift the person back into their bed/seat, which was not an effective use of resources. The NWAS considered it most important to reconsider how best to deal with falls in residential home settings.
- A question was raised about how successfully the Service communicates with local authorities, for example if there were frequent falls in particular locations/circumstances such as ungritted footways resources might be targeted more effectively if the highways department was informed.
- It was agreed that more information sharing could potentially 'unlock' a number of issues and it was important to provide a better way to do this whilst having due regard to patient confidentiality.
- It was suggested that increased use of Telemedicine could perhaps alleviate the need for ambulances and hospital admissions. In response it was explained that Telemedicine had been trialled over a long period and a number of pilots were ongoing, including the use of Skype; Telemedicine was part of the solution, but work was ongoing to examine and address the whole process.
- The Committee's attention was drawn to a slide in the presentation which illustrated a daily 'wave' of referrals from health care professionals, which peaked early afternoon and caused a consequential 'wave' in demand on the Service. Detailed analysis had found that this impact was caused by just one referral per GP each day.
- One member suggested that in light of the success of Community First Responders there should be a big push by the Ambulance Service, who had much respect and prestige, to get say 70% of all NHS staff trained in first aid and encourage others to train also.
- It was suggested that the CCGs might use their funding to commission more services from community organisations and localise support networks which could potentially generate significant savings.

- It was considered very important to invest limited resources into education and prevention to tackle issues such as obesity, alcohol and smoking and encourage much more self-help. There also needed to be a better integration of services and sharing of best practice.
- A question was raised about the status of patients awaiting transfer between hospitals who fell neither in the green nor the red category for an ambulance. For example those seriously unwell who needed transferring to specialist care, but whose situation was not life threatening; they sometimes had to wait several hours for an ambulance. It was acknowledged that such a patient would need careful and appropriate transport, but not necessarily a front line paramedic emergency ambulance. The NWAS was working with the CCG to resolve this issue collaboratively.
- It was confirmed that whilst certain aspects of the contract to which the NWAS was working were not negotiable, there were some areas where there was scope for discretion. The CCG and NWAS were developing the contract to ensure that the service provided met local needs.
- In response to a question whether people living on their own, or with literacy problems were more inclined to call 999 rather than 111, it was explained that as NWAS had only recently taken over contracts for 111 in some, but not all areas it was not currently possible to make a judgement, however the NWAS would consider how they might gather such information.

The Chair thanked guests for attending and for providing the Committee with a most useful insight into the Service, its challenges and initiatives being taken.

Peter Mulchay said that members were welcome to visit the Ambulance headquarters at Broughton if they felt that this would be interesting and useful.

The Chair suggested that the minutes of this meeting be considered by the Steering Group with a view to them formulating some comments and recommendations, which would also be shared with Rossendale Borough Council who were currently undertaking a piece of work on this same issue.

Resolved: That the minutes of this meeting be considered by the Steering Group with a view to them formulating some comments and recommendations, which would be provided to the NWAS and also be shared with Rossendale Borough Council

7. Report of the Health Scrutiny Committee Steering Group

It was reported that on 16 March the Steering Group had met with Lancashire Care Foundation Trust to receive an update on the inpatient facilities. A summary of the meeting was at Appendix A to the report now presented.

On 13 April the Steering Group had met with officers from the Healthier Lancashire team and the North West Ambulance Service. A summary of the meeting was at Appendix B to the report now presented.

Resolved: That the report of the Steering Group be received.

8. Work Plan

Appendix A to the report now presented set out a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included had been identified at the work planning workshop that members had taken part in during April 2015 and also additions and amendments agreed by the Steering Group. Comments on the work plan and suggestions for additional topics would be welcomed.

It was noted that the topic listed for the next meeting of this Committee in July was 'Prevention' and in particular screening programmes, and an update on health checks. However, in light of the discussion about NWSAS earlier in this meeting, the significance of falls and the impact of a 'no lift' policy in some residential homes on the Service, it was suggested and agreed that it would be useful to consider, within the 'prevention' theme, falls within Lancashire and what Public Health could contribute. It was suggested that someone representing the care home sector, perhaps from the registration authority, be invited to the meeting. It was noted that the county council also had its own care homes. It was also suggested that the Care Quality Commission's role relating to residential homes might be relevant.

One member pointed out that she had previously suggested Occupational Therapy Services be considered as part of the work plan and this could be a relevant factor in falls prevention.

Regarding the September meeting, at which it was intended to discuss joint working and fragmented commissioning among partners, it was suggested and agreed that this include also how partners share information and intelligence.

Resolved: That the work plan, as amended, be noted.

9. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

<http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1>

Resolved: That the report be received.

10. Urgent Business

There was no urgent business.

11. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on **Wednesday** 15 July 2015 at 10.30am at County Hall, Preston.

It was reported that future meetings for 2015/16 had been scheduled as below and would be held at 10.30 at County Hall, Preston.

1 September 2015
13 October 2015
24 November 2015
26 January 2016
15 March 2016
26 April 2016

Members were asked to note their diary.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston



North West Ambulance Service **NHS**
NHS Trust



Delivering the right care, at the right time, in the right place

Lancashire County Council

2nd June 2015

Bob Williams, CEO NWAS

Minute Annex

About NWS

- Covers the North West footprint = **33 CCGs, 1,420 GP practices, 29 acute trusts**
- Population of 7m people – growth of 3% by 2017
- Employs approximately 5,000 staff
- Annual income of £280 million
- 1.3 million 999 calls per year
- 950,000 patient episodes
- Three emergency control rooms – virtual call taking
- 1 million NHS111 calls predicted 2015/16
- 1.2 million PTS journeys in Cheshire, Lancashire, Merseyside and Cumbria



Performance Standards for 999

- All calls prioritised to determine appropriate level of response
- **Red calls** - immediately life threatening and potentially life threatening, eg cardiac arrests, breathing difficulties
- 75% of these calls within 8 minutes and 95% of these calls within 19 minutes.
- NWAS commissioned to achieve the national targets on a **regional basis** only.
- **Green calls** - less serious, and are not immediately life threatening. No national targets set, we endeavor to respond as appropriate.

Activity 2014/15

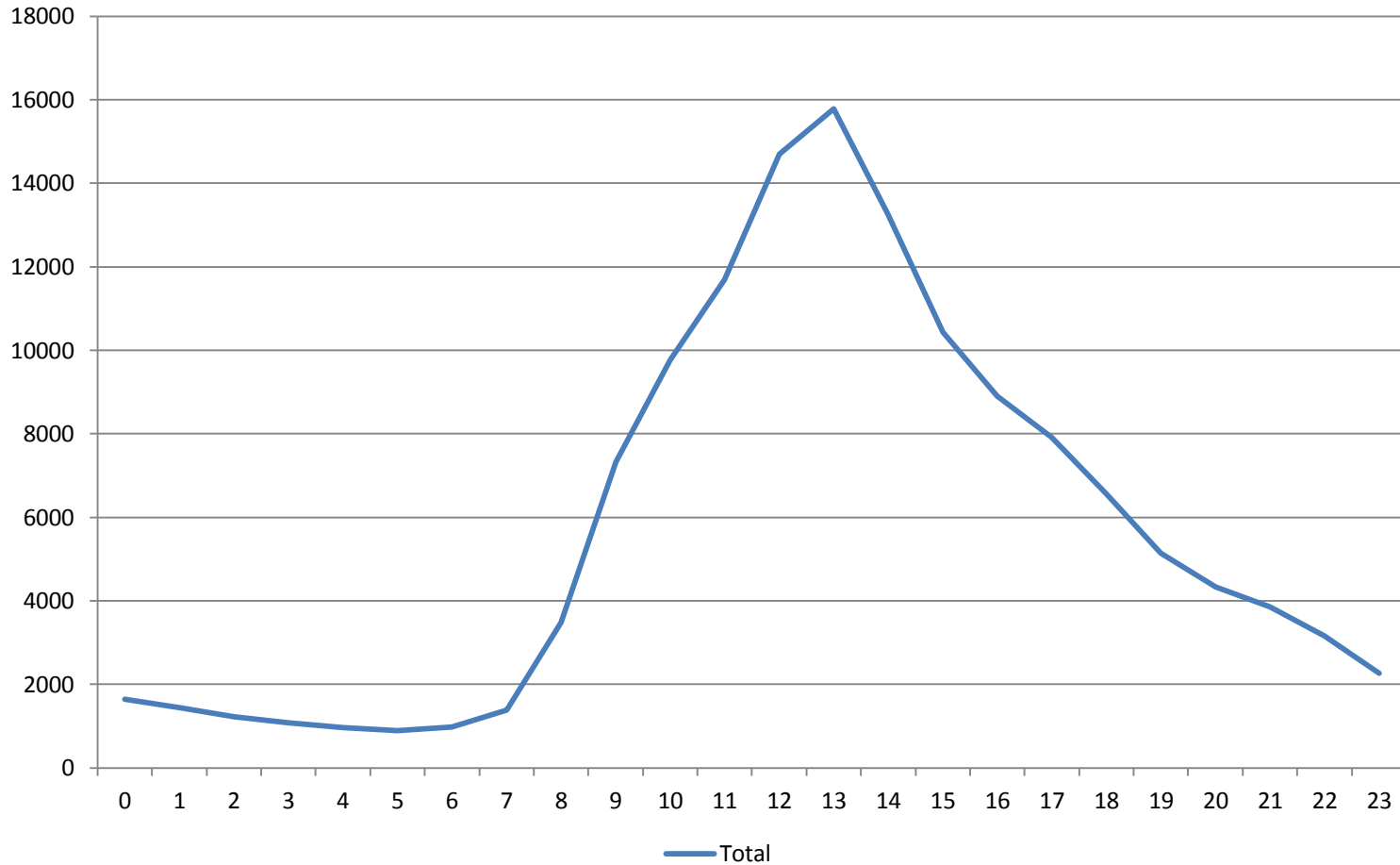
- **NWAS Activity Volumes:**
 - 430,947 Reds (+9.1% vs Plan)
 - 598,873 Greens (-1.7% vs Plan)
 - 1,029,820 Overall (+2.3% vs Plan)

- **Lancashire County Activity Volumes:**
 - 92,603 Reds (+11.9% vs Plan)
 - 129,834 Greens (-2.1% vs Plan)
 - 222,437 Overall (+3.3% vs Plan)

Response times

	R1 in 8 mins % (target 75% at County)	R2 in 8 mins % (target 75% at County)	REDS in 19 mins % (target 95% at County)
NHS Fylde and Wyre CCG	51.1%	57.0%	89.2%
NHS Blackburn with Darwen CCG	76.3%	75.4%	94.2%
NHS Blackpool CCG	84.6%	82.1%	94.5%
NHS East Lancashire CCG	65.1%	64.6%	89.3%
NHS Greater Preston CCG	76.0%	74.9%	93.9%
NHS Chorley and South Ribble CCG	69.9%	72.7%	91.9%
NHS Lancashire North CCG	59.3%	63.0%	90.3%
NHS West Lancashire CCG	48.6%	55.9%	84.9%
Lancashire	68.4%	69.0%	91.3%
NWAS	69.2%	69.5%	93.1%

HCP Activity by Hour



Delivering the right care, at the right time, in the right place

Top Five Calls

Excluding HCP &
NHS 111 calls

Falls

Breathing
Problems

Chest
Pains

Unconscious /
Fainting

Sick
Person

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Ambulance handover problem

March 2014	<15 mins	%	>15 mins	Actual mins
Lancashire	6065	56.1%	4078	88500
NWAS	26398	66.9%	13049	296625

For Lancashire equates to 1,475 lost hours or 4 crews per day
= 10% of the ambulance resource at cost of over £2m

For NWAS equates to 4,943 lost hours or 13 crews per day
= 7% of the ambulance resource at cost of over £7m

Service Delivery Factors

- Patient Pathways eg stroke, trauma
- Hospital reconfigurations
- The doughnut effect
- Community First Responders/AEDs

The Doughnut Effect



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Evolving Role

- Enhanced treatment role - a community based provider of mobile urgent care and emergency health care
- Safely manage more patients at scene, treating them at home or referring them to a more appropriate community based service
- Further opportunities to assess, prescribe, manage exacerbations of chronic illness
- Working even closer with GPs and community services



Delivering the right care, at the right time, in the right place

Why?



Managing the demand is
unsustainable
if change doesn't happen



Less than **10%** of
incidents are actually
life threatening



Fallers
make up **17%** of all
999 activity



31% of all PES activity
between
12:00 and 15:00
is from HCPs



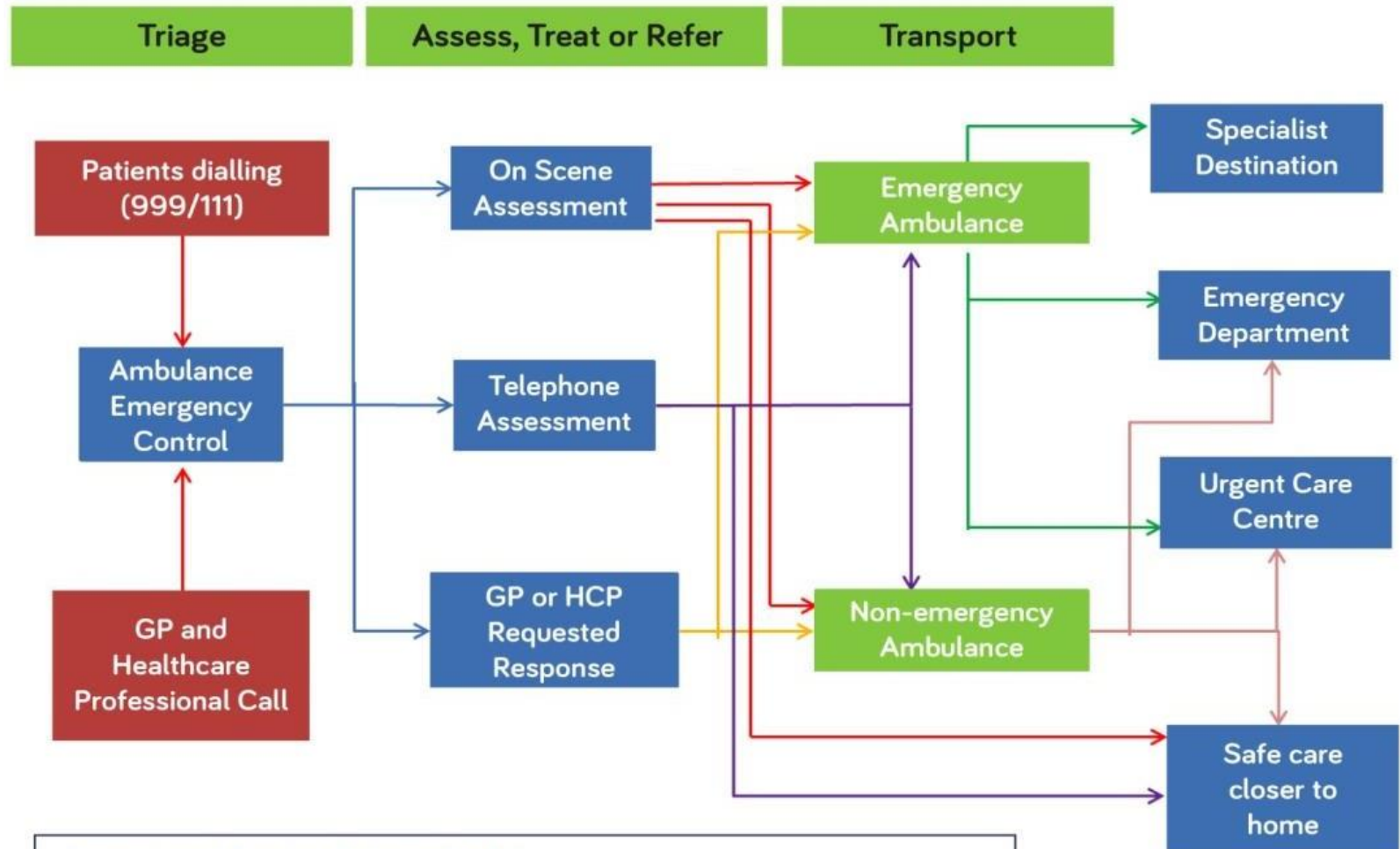
Patients with known long
term conditions call 999
six times more often
than other service users



54% of patients arriving at
ED by ambulance end up in
a **hospital bed**
(75% of admissions over
65 years of age)

Delivering the **right care**, at the **right time**, in the **right place**

Emergency Service Delivery Model



Principles of Service Delivery Model

Hear and Treat: Clinical advice given over the phone.

See and Treat: Treating patients at the scene.

Treat and Convey: Conveying patients from the scene to an appropriate care destination.

Working Differently

- Paramedic Pathfinder
- Community Care Pathways and Plans
- Acute visiting scheme
- Community Paramedics
- GP Bureau
- Urgent Care Desk
- Frequent Callers Initiative
- Mental Health care
- **Future options – Whole System Solutions**



Progress this year - N WAS

	2014/15	May 2015
999 Activity	3234 per day	3010 per day
Call handling (5 sec)	84.5%	97.5%
Hear & Treat	3.8%	10.2%
Red 1 A8	69.2%	81.5%
Red 2 A8	69.5%	79.4%
Red A19	93.1%	96.4%
See & Treat	26.5%	30.5%
Hospital Turnaround	29.5 minutes	27.5 minutes

Delivering the right care, at the right time, in the right place

Progress this year - Lancashire

Red 1/Red 2	2014/15	May 2015
NHS Fylde and Wyre CCG	51.1%/57.0%	64.1%/63.8%
NHS Blackburn with Darwen CCG	76.3%/75.4%	90.0%/81.2%
NHS Blackpool CCG	84.6%/82.1%	88.2%/88.6%
NHS East Lancashire CCG	65.1%/64.6%	75.0%/75.1%
NHS Greater Preston CCG	76.0%/74.9%	78.6%/81.4%
NHS Chorley and South Ribble CCG	69.9%/72.7%	87.0%/85.0%
NHS Lancashire North CCG	59.3%/63.0%	76.5%/68.3%
NHS West Lancashire CCG	48.6%/55.9%	70.8%/68.7%
Lancashire	68.4%/69.0%	76.7%/76.0%

Educating the Public (and our partners)

- Closing the gap between the public perception/expectation and the ambulance offer
- Calling 999 does always means an ambulance or a trip to hospital
- Breaking down the complex service offer into digestible, consumer friendly chunks.



North West Ambulance Service **NHS**
NHS Trust

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