Lancashire County Council

Health Scrutiny Committee

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

Agenda

Part I (Open to Press and Public)

No.	Item	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Appointment of Chair and Deputy Chair** To note the appointment by Full Council on 21 May 2015 of County Councillor Steve Holgate as Chair of the Committee and County Councillor Yousuf Motala as Deputy Chair for the following year.	
4.	**Constitution, Membership and Terms of Reference**	(Pages 1 - 6)
5.	**Minutes of the Meeting held on 14 April 2015**	(Pages 7 - 14)
6.	**North West Ambulance Service**	(Pages 15 - 16)
7.	**Report of the Health Scrutiny Committee Steering Group**	(Pages 17 - 46)
8.	**Work Plan**	(Pages 47 - 50)
9.	**Recent and Forthcoming Decisions**	(Pages 51 - 52)
10.	**Urgent Business**	

Lancashire County Council

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

11. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on **Wednesday** 15 July 2015 at 10.30am at County Hall, Preston.

Future meetings for 2015/16 are set for Tuesday and will 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

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Health Scrutiny Committee
Meeting to be held on 2 June 2015

Electoral Division affected: None

Constitution, Membership and Terms of Reference of the Committee
(Appendix A refers)

Contact for further information:
Wendy Broadley, 01772 532203, Office of the Chief Executive
Wendy.broadley@lancashire.gov.uk

Executive Summary

This report sets out the constitution, membership and terms of reference of the Health Scrutiny Committee.

Recommendation

The Committee is asked to note the report.

Background

i) Constitution and Membership

The Full Council, at its meeting on 21 May 2015, agreed that the Health Scrutiny Committee shall comprise 13 County Councillors (on the basis of 6:5:1:1) and 12 non-voting co-opted members, with each District Council being invited to nominate a representative.

It was also agreed that County Councillor nominations to serve on the Committee should be submitted to the County Secretary and Solicitor by the respective Political Groups. Accordingly, the membership of the Committee, as confirmed by the Political Group Secretaries and the 12 Lancashire District Councils, is as follows:

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

Lancashire County Council

Non-voting co-opted members (* indicates that at the time the agenda published the nominee is yet to be confirmed by the relevant district council)

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	-	Awaiting nomination
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	-	Councillor C Evans*
Wyre Borough Council	-	Councillor J Robinson

The Committee has a steering group made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Liberal Democrat Groups. The principal role of the Steering Group is to manage the agenda of the Committee, with particular reference to its statutory responsibilities in relation to the National Health Service.

ii) Terms of Reference

The Terms of Reference of the Committee are set out at Appendix A for information.

Consultations - N/A.

Risk Management

There are no risk management implications arising from this item.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Ext
Agenda and minutes of the meeting of Full Council	21 May 2015	Janet Mulligan, Office of the Chief Executive Ext. 33361

Reason for inclusion in Part II, if appropriate

N/A.

Health Scrutiny Committee

(Thirteen County Councillors and twelve non-voting Co-opted district Members)

To review and scrutinise issues around public health and health inequalities. The Committee will review and scrutinise the work and performance of any relevant part of the County Council and its partners and the functions of the relevant Cabinet Members

To discharge the statutory health overview and scrutiny functions under the provisions of the Health and Social Care Act 2012. For this purpose the Committee shall include twelve non-voting Co-opted district council Members.

The following Terms of Reference should be read in conjunction with the above summary.

Health Scrutiny Committee

Note: The Committee shall, for the purpose of discharging the statutory health overview and scrutiny functions, comprise twelve non-voting district council Members

1. To review decisions made, or other action taken, in connection with the discharge of any relevant functions undertaken by the Cabinet collectively, or the relevant Cabinet Members or Cabinet Committee.

2. To make reports or recommendations to the Full Council, the Cabinet or the relevant Cabinet Member or Cabinet committee with respect to the discharge of any relevant functions undertaken by the Cabinet collectively or the relevant Cabinet Member or Cabinet committee.

3. In reviewing decisions (other than decisions designated as urgent under Standing Order 34(3)) made in connection with the discharge of any relevant functions undertaken by the Cabinet collectively or the relevant Cabinet Member or Cabinet committee, but which have not been implemented, the Committee may recommend that the decision be reconsidered by the person who made it or to refer the decision to the Full Council for it to decide whether it wishes it to be reconsidered by the decision taker.

4. To request a report by the executive to Full Council where a decision which was not treated as being a key decision has been made and the Health Scrutiny Committee is of the opinion that the decision should have been treated as a key decision

5. To hold general policy reviews and to assist in the development of future policies and strategies (whether requested by the Full Council, the Cabinet, the relevant Cabinet Member, Cabinet committee or decided by the Committee itself) and, after consulting with any appropriate interested parties, to make recommendations to either the Cabinet, the relevant Cabinet Member, Cabinet committee or to the Health and Well Being Board or the Full Council as appropriate.

6. To review and scrutinise any County Council services planned or provided as part of the Council's wider public health responsibilities, and to make recommendations to the Full Council, the Health and Well Being Board or the Cabinet or Cabinet committee, as appropriate.

7. To review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate,

8. In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwtach

9. The review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate

10. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body

11. In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.

12. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.

13. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999.

14. To request that the Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.

15. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.

16. To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matte

17. To consider any relevant matter referred to the Committee by the Scrutiny Committee following a request by a County Councillor or a Co-optee of the Committee who wishes the issue to be considered.

18. To request that the Scrutiny Committee establish task groups and other working groups and panels as necessary.

19. To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.

20. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.

21. To invite to any meeting of the Committee and permit to participate in discussion and debate, but not to vote, any person not a County Councillor whom the Committee considers would assist it in carrying out its functions.

22. To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.

23. To require any Councillor who is a member of the Cabinet, the appropriate Executive Director or a senior officer nominated by him/her to attend any meeting of the Committee to answer questions and discuss issues.

24. To recommend to the Scrutiny Committee appropriate training for members of the Committee on health related issues

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 14th April, 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	Y Motala
Mrs F Craig-Wilson	B Murray
G Dowding	M Otter
N Hennessy	N Penney
M Iqbal	D Stansfield
A James	

Co-opted members

Councillor Carolyn Evans, (West Lancashire Borough Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Hasina Khan, (Chorley Borough Council Representative)
Councillor Roy Leeming, (Preston City Council Representative)
Councillor Julie Robinson, (Wyre Borough Council Representative)
Councillor M J Titherington, (South Ribble Borough Council Representative)

1. Apologies

Apologies of absence were received from Councillors Brenda Ackers (Fylde Borough Council), Paul Gardner (Lancaster Borough Council), Adjad Mahmood (Pendle Borough Council) and Kerry Molineux (Hyndburn Borough Council).

Councillor Jackie Oakes replaced Helen Jackson as the representative from Rossendale Borough Council for this meeting.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 4 March 2015

The Minutes of the Health Scrutiny Committee meeting held on the 4 March 2015 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 4 March 2015 be confirmed and signed by the Chair.

4. Ageing Well - Maintaining Independence

The Chair introduced Clare Platt, Head of Service for Health, Equity, Welfare & Partnerships, Ann Smith, Head of Patient Safety and Quality Improvement, and Joanne Miller, Carers Strategy Officer, to the meeting.

Members were presented with a report that considered the Ageing Well element of the Health and Wellbeing Strategy and were informed that the focus of the report was upon the Dementia Friends initiative, social isolation, falls prevention, and support for carers.

Dementia

Members were informed that in Lancashire 13% of households were occupied by an individual over 65 years old, which was reported to be slightly higher than the average in England, but not significantly so. Thus, analysis of the Health and Wellbeing program had taken place and the results of which had identified dementia as a priority for action.

Work had been undertaken in collaboration with the Alzheimer's society, the District Councils, the Clinical Commissioning Groups, and other NHS agencies, on the delivery of outcomes towards the national 'Living well with dementia' strategy. This, it was noted, would aim to improve awareness of dementia, earlier diagnosis, intervention, and a higher quality of care for those who had been diagnosed.

Official figures delegated to the Committee suggested that there were 9,600 cases of dementia in Lancashire, however, due to an estimated 50% under diagnosis rate within the County, 18,000 people could have the condition in Lancashire. In BME groups it was reported that there was an inferred under diagnosis rate and it was expected that the BME community would see the rate of dementia rise significantly as the population aged. It was reported that people from BME communities were underrepresented in services and were often diagnosed in the latter stages of their illness, or, in some cases, not at all. Therefore, it was noted that there was a cultural issue present in terms of diagnosis and access to services.

Regarding provision for people with dementia, it was highlighted that the County Council offered a wide range of different services. For example, the County Council's Older People Service, the management of residential care homes, and

the Day Time Support Service, were highlighted as examples of the wide-range in their support to those who had been diagnosed. Regarding day care, it was conveyed that 1,300 people were cared for every week who had high levels of dependency but were living independently.

Work had been undertaken around a public information campaign which included a prevention message – "what is good for your heart is good for your head". Therefore, reducing the risk of dementia in the population via promoting a healthy lifestyle.

Dementia Friends was explained to be a national initiative run by the Alzheimer's Society and funded by the Government to catalyse the establishment of a network of dementia friends across England. It was noted that the Cultural Services team at the County Council had undertaken a significant amount of work towards increasing awareness around dementia. It was highlighted that initiatives such as memory box loans, memory tours of the Museum of Lancashire, support for Dementia Awareness Week, shared reading groups, arts and dementia initiatives, and other resources such as "reading well" books available on prescription for dementia patients, had been and would continue to be provided.

Social Isolation

Social isolation was emphasised as a significant issue affecting communities in Lancashire. It was noted that a lack of social relationships constituted a major risk concerning health, and not only psychological health, but physical health. Officers noted that it was recently reported that low social interaction was deemed to be a health risk similar to smoking fifteen cigarettes a day. The distinction was made between social isolation and loneliness; social isolation was explained to be an objective state defined by the quantity of social relationships a person had; loneliness was defined as an emotional feeling when one was alone, with the need for companionship, and contact with others.

The percentage of Lancashire Adult Social Care Users who felt they had as much social contact as they would like was shared with the Committee. It was noted that Lancashire's figures were better than the national average at 49.2% (England 44.5%) according to the 2012 Adult Social Care Users Survey. With regard to adult carers in Lancashire, figures from the 2012/13 Personal Social Services Carers Survey displayed that 38.3% of individuals considered they had suitable levels of social contact, which, it was noted, was not significantly dissimilar to the national average of 41.3%.

Members were informed that LCC and partners would be investing in a large amount of community based services and provision to support people to develop community networks to reduce social isolation. Services such as Help Direct, Connect for Life, East Lancashire Befriending service and the community resilience program were noted to be examples. The Director of Public Health and the corresponding Cabinet Member were informed to have overseen work for the Wellbeing Workers Service, the support of people to connect to assets in their communities, local groups, activities, and facilities to reduce social isolation and loneliness.

It was explained that the County Council had approved the Extra Care Housing Strategy which would seek to establish alternatives to residential care. A key element of housing design would be to develop supportive and inclusive communities with an emphasis on maximising opportunities for participation and socialisation.

Falls Prevention

Ann Smith, Head of Patient Safety and Quality Improvement, reported on the issue of falls. It was emphasised that falls were not an inevitable consequence of ageing and therefore, could be prevented. Estimates, it was reported, suggested that 1 in 3 over 65's would have one fall per year, and within a care home setting, that figure would rise to 1 in 2.

The implications of falls were explained to be wide ranging, creating human and growing financial costs to individuals and the health and social care economy. For example, a fracture would incur a minimum cost of £10,000 per patient to the NHS, rising to £25,000 with additional social care costs per annum. Officers highlighted that the Department of Health estimated that the annual cost of care for a hip fracture would be £40,000.

It was highlighted that falls were the largest cause of emergency hospital admissions for older people, and had a significant impact on long term outcomes, for example, being a major factor of people moving from their own home to long-term nursing or residential care.

Members were informed that work with CCG partners, the Ambulance Service and GP partners had been undertaken, looking at the strategy towards prevention for falls, and that the Cabinet Member for Health and Wellbeing had agreed funding for a two year prevention program which would commence in June or July this year to coincide with Falls Awareness Week.

It was noted that the North West Ambulance Service, regarding localised hotspots for falls, would be undertaking work with District Council's environment colleagues concerning paving, as this was expressed to be an issue which had contributed to the number of falls.

It was noted that a poster campaign named "STEADY On!", developed with the East Lancashire Falls team and UCLAN, which would engage with people during community social opportunities, sheltered housing and complexes, or in community venues that would offer sessions to people which involved the identification of their own risks, had been launched. The sessions were noted to be fun and interactive, and that most of the research around falls prevention campaigns suggested revision of their choice of words, therefore avoiding the term "falls", as findings had suggested people were perturbed by the term 'fall'. The campaign was expressed to be helping people identify what their risks may be, the encouragement of people to receive medication reviews, or making people aware of "handy person services". It was reported that the trial prevention campaign involved over 1000 people, and from the people surveyed who had

previously had a fall, the survey results suggested that after 6 months 80% had reported they had not had a subsequent fall.

Carers

It was highlighted to the Committee that in Lancashire a range of support had been provided to unpaid carers via the 'Carers Lancashire' service, who currently support over 18,000 carers with around 400 new carers identified each month. It was noted that there were two providers who worked closely to provide a consistent service across Lancashire. It was reported that LCC offered an emergency planning service called Peace of Mind for Carers which all carers were entitled to. The service offered carers with up to 72 hours of replacement care in the event of an emergency, and had the capacity to attend within an hour of this emergency occurring. Carers were sent quarterly information and offered support groups, activities, and various courses, including residential courses. The Committee were informed that support for former carers had been, and would continue to be, provided for up to two years following the end of their role as a carer. Also, carers awareness training had been offered to organisations.

Members were informed about Lancashire Carers Forum and the Asian Carers Forum, who were groups of carers who met bi-monthly. It was explained that carers assessments were carried out across the County and, as a result, there would be identification of any support needs they may have and identification of areas for respite. It was noted that there was a specific mental health carers service that was countywide, which helped to support carers who were caring for somebody with a mental health condition.

The Chair thanked the officers for their report and welcomed points of discussion and questions from the Committee.

Members were informed that Health Scrutiny Steering Group had met with North West Ambulance Service around performance issues. It was expressed that it would be difficult to alleviate issues without working very closely together. Therefore, it was queried as to whether officers felt that parallel conversations had taken place within Public Health.

The Committee were informed that conversations had taken place with the North West Ambulance Service (NWAS), particularly around the decisions why paramedics decided whether people were taken to hospital. It was noted that there would be a trial in a number of areas within Lancashire of a falls pickup service, which would involve sending a car as an alternative to an ambulance. In some areas it would be a paramedic or an occupational therapist who would attend instead of an ambulance, who would support the person in question. Members noted that this was a very practical position to take.

Members queried how many people were using the services offered by Cultural Services to support people with dementia. Officers informed that, as the figures were not available during the meeting, they would be provided to Wendy Broadley who would distribute the information to the Committee in due course.

The Committee raised concerns regarding the housing stock for people living with dementia, making particular reference to how outdated some homes were which posed problems for their wellbeing. Therefore, it was asked what was being done to address this issue. Members were informed that there was home improvement activity, which involves low level adaptations to support vulnerable occupants which was commissioned by the County Council and delivered by the District Councils. It was expressed that District Councils used the Housing Health and Safety Ratings system and home improvement agencies provided services in an effort to ease these issues.

Members asked for further information about the role of care home managers around the quality of care. Members were informed that there had been a separate piece of work undertaken around the quality of care in care homes and that work was underway towards the development of a framework to support care homes to improve, and subsequently, reduce the amount of avoidable harm within them.

Members raised concerns around the number of falls being higher in care homes than within the general community, and therefore queried whether this was because service users could be frailer. The Committee were informed that the population in care homes were frailer but that most falls were not deemed to be inevitable, thus work is being undertaken to identify people at risk in care homes. It was expressed that there was a view to improving technology in care homes, such as sensors detecting if somebody has got out of bed, or a chair, for example, which would help to address the issue.

Members enquired whether efforts could be augmented towards earlier intervention as a preventative action in order to lower the number of falls. Members were informed that this was the primary aim for the "STEADY On!" programme and that LCC had linked in with housing improvement agencies to provide additional funding for roadshows and leaflets which, it was distinguished, veered away from the medical prevention model.

Members made reference to the approval of the Extra Care Housing Strategy, enquiring where the places were and how many places were available. Members were informed that there were approximately 600 extra care places in Lancashire, and were identified on a district basis.

Members raised concerns that the emphasis around social Isolation and loneliness was predominantly towards helping older people, highlighting that this was an issue for younger people too. Members were informed that this had been picked up within the Ageing Well strand of the Health and Wellbeing strategy, hence the emphasis upon older members of the population.

Members noted that the cost for a fall was around £40,000 if a hip replacement was needed, and therefore suggested that further efforts towards gritting and rectifying issues with paving should be considered, as this would lower the risk of falls and could consequently offset these costs. Members also noted that they were often informed of issues with paving and requested information regarding how to work together and collate this information. The Committee were informed

that there wasn't a current mechanism that collated all information about paving but this could be looked into. The Committee were also informed that Highways colleagues would be invited to be part of the Falls Working Group, which they had not been invited to previously.

Members queried the stability with regard to funding groups who help people who are socially isolated, as uncertainty around funding issues often left those groups feeling vulnerable. Members were informed that these groups were heavily relied upon and their work was greatly appreciated. Regarding commissioning of services, there was a formal commissioned needs analysis to inform how services could be structured going forward.

Members sought information regarding Falls Awareness Week, which would be taking place in June or July 2015, concerning whether this would occur annually. Members also requested to be informed if the "STEADY On!" campaign would be rolled out in all GP surgeries across Lancashire. Members were informed that the campaign would be launched in Falls Awareness Week but would continue for the whole year. In the long term, it was hoped that they would be able to demonstrate to CCG partners that injecting money into the campaign could be beneficial. The Committee were also informed that the campaign would be promoted in all GP surgeries, and was Lancashire wide.

Members expressed that information needed to be disseminated around how localised falls hotspots could be recorded, and also suggested liaising with the Fire Service who could identify risks in the home as many falls may go unreported.

Members, regarding home improvements, noted that there was a need for a list of approved builders to carry out these works to avoid shortcuts. Members were informed that the County Council operated a Safe Trader Scheme.

Members highlighted that social isolation was a difficult issue because reaching people who were socially isolated would be difficult, because they are isolated. Therefore, it was queried how socially isolated people were informed of the services on offer as they were the most vulnerable. Members were informed that work would be ongoing to identify how to reach socially isolated people but noted there was a reliance upon services being aware of these individuals. Members were informed that work would be undertaken on designing evidence based interventions to access these people, but also noted that there was also an element of choice from potential service users. Efforts, it was explained, were being made to determine where money would be best spent efficiently to address these issues and that the Wellbeing Workers Service would be working in communities, with local people and local groups.

The Chair thanked the officers for their report.

Resolved: That the report and comments be noted.

5. Report of the Health Scrutiny Committee Steering Group

On 26 January the Steering Group met to receive an update on the work of the Committee and discuss future topics for scrutiny. A summary of the meeting can be found at Appendix A to the report now presented.

On 23 February the Steering Group met with officers from East Lancashire CCG to discuss Primary Care Access and Calderstones regarding their post CQC inspection plan. A summary of the meeting can be found at Appendix B to the report now presented.

Resolved: That the report be received.

6. 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.

7. Urgent Business

No urgent business was reported.

8. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 2 June 2015 at 10.30am at County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee
Meeting to be held on 2 June 2015

Electoral Divisions affected:
All

North West Ambulance Service

Contact for further information:
Wendy Broadley, 07825 584684, Democratic Services,
wendy.broadley@lancashire.gov.uk

Executive Summary

A motion was carried at Full Council on 26 February that requested the North West Ambulance Service 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 can be found at Item 7 on this agenda.

Following the attendance of the Trust at that meeting 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 following representatives of the Trust will be in attendance:

- Bob Williams - Chief Executive Officer
- Peter Mulchay – Head of Service for Cumbria and Lancashire
- Wyn Dignan – Chair of the Trust

Recommendation:

The Health Scrutiny Committee is asked to note and comment on the report

Background and Advice

The following motion was carried at a meeting of the Full Council on 26 February 2015

Ambulance Response Times

County Council notes the continuing poor ambulance response times affecting Lancashire, especially in the east of the county, with performance significantly under target for Red 1 calls (the most urgent cases). Council also notes that a contributory factor to this underperformance is the queueing affecting Accident and Emergency departments.

Lancashire County Council

County Council resolves that:

The North West Ambulance Service and north west CCGs be requested to take urgent action to improve response times for casualties in those areas of Lancashire most affected by poor Red 1 performance.

The county council resolves that the chairman and chief executive of the North West Ambulance Service and north west CCGs be requested as a matter of urgency to attend a meeting of the LCC Health Scrutiny Committee Steering Group to advise what measures are being undertaken to improve response times across the county including those areas most affected by poor Red 1 performance.

Officers from the Trust met with the Steering Group on 13 April and a copy of the notes of that meeting and a PowerPoint presentation are appended to Item 7 on this 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/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Health Scrutiny Committee
Meeting to be held on 2 June 2015

Electoral Divisions affected:
All

Report of the Health Scrutiny Committee Steering Group
(Appendices A and B refer)

Contact for further information:
Wendy Broadley, 07825 584684, Democratic Services,
wendy.broadley@lancashire.gov.uk

Executive Summary

On 16 March the Steering Group met with Lancashire Care Foundation Trust to receive an update on the inpatient facilities. A summary of the meeting can be found at Appendix A.

On 13 April the Steering Group met with officers from the Healthier Lancashire team and the North West Ambulance Service. A summary of the meeting can be found at Appendix B

Recommendation:

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

Background and Advice

The Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. 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 Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the 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 the first point of contact between Scrutiny and the Health Service Trusts;
- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;

Lancashire County Council

- To liaise, on behalf of the Committee, with Health Service Trusts;
- To develop a work programme for the Committee to consider.

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 full Committee for consideration and agreement.

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/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Appendix A

Notes
Health Scrutiny Steering Group
Monday 16 March 2015
B18b, 14.00

Present:

- County Councillor Steven Holgate
- County Councillor Fabian Craig-Wilson
- County Councillor Yousuf Motala
- County Councillor Margaret Brindle

- Wendy Broadley, LCC, Principal Overview and Scrutiny Officer

Notes of last meeting

Clarification was sought for acronyms, "BCF" and "VFM". These were clarified to be the Better Care Fund and value for money.

The notes of the Steering Group meeting held on 23 February were agreed to be correct.

1. Lancashire Care Foundation Trust – inpatient facility update

The Officers who attended to deliver the update were:

- Sue Moore, Chief Operating Officer, Lancashire NHS Foundation Trust
- Debbie Nixon, Chief Operating Officer, Blackburn with Darwen CCG

Key points from the update and discussion were as follows:-

- It was reported that The Harbour, Blackpool, is now operational. It is the largest inpatient mental health unit in Lancashire with 154 beds and is specifically utilised for the most unwell patients.
- The transition of patients commenced on 10th March 2015. This was 4 weeks later than initially decided, however the opportunity to install specialised detectors arisen and was taken.
- The Blackpool and Chorley patients have been relocated from their units to the Harbour, and the opportunity has been taken to bring forward the relocation of Psychiatric Intensive Care Units (PICU), and a small number of patients from Ormskirk. In the near future advanced care from Ribbleton and two wards at Lytham will also relocate.
- CC Craig-Wilson requested to be emailed about location of the units in Lytham.
- CC Holgate highlighted that a number of empty units will now be left behind and enquired as to whether there was a responsibility to reuse these, citing the Chorley site which offers opportunity in terms of non-elected care.
- It was explained that it is possible that the Trust will look to to depressurise the acute site in Preston by utilising Chorley.
- WB asked how many beds have been relocated from the Ormskirk unit.
- SM reported there were four PICU beds relocated. The total activity in the last year is less than 1 bed, with very few coming from the locality. With regard to the overall program, all CCG's have been given clear guidance that the bed base for PICU patients will be The Harbour.

- CC Craig-Wilson enquired about travel arrangements.
- Members were informed that there is a bus from Blackpool to directly outside the Harbour site. The bus companies have been contacted and have agreed to drop off on both sides of the carriageway. Preston bus/train station is considered to be the central hub for travelling to the premises.
- CC Brindle noted how poor travel is the in East and stressed how dependant this area is on Yorkshire bus services.
- SM noted that the Trust have looked at a partnership with bus services but will be reimbursing fairs for the time being. This will be reviewed once fully operational and if issues are raised, this arrangement could be reconsidered.
- CC Motala noted that in Preston City Centre, the Bus services provide for vulnerable people and it would be worth investigating further.
- CC Motala also noted how some patients are being kept overnight in cells and this is detrimental for their wellbeing in some cases.
- DN explained that the Trust is executing a lot of work with the Police and that every provider organisation had to sign a declaration of effective coordination to try and alleviate this issue.
- SM noted that at The Harbour there has been the creation of private sitting rooms, bathrooms and bedrooms. In the event that a service user is very ill, it is deemed better for them to wait in an appropriate location which will aid the patient's well-being. A street triage approach will bring together Police, Ambulance service and mental health specialists, who will collectively report to an incident and decide on the best course of action at the actual scene itself. It was noted that taking mental health patients to cells makes them feel as if they have done something wrong. Also, patients can be waiting for hours for a clinician in A&E and it is more beneficial for them to travel directly to the location of clinicians instead.
- It explained that the Birmingham model has been studied as it has been very productive, with a 50% reduction in B6 admissions. This was deemed a good model to investigate as the City has similar socio-economic circumstances to Lancashire.
- CC Craig Wilson noted that this is welcomed with consideration of the suicides in cells which can happen when patients are placed in cells. The mental health of young people was highlighted as a big issue. It was emphasised that the placement of young people into adult wards can be uncomfortable, with young patients feeling out of place. Therefore, the developments with patient care was welcomed.
- SM/DN made note of the valuable discussion on transport, explaining that there is no point having a great building (the Harbour) if nobody can get there.
- WB expressed the need to disseminate information around travelling to The Harbour.
- SM agreed and explained that there is a "Welcome to the Harbour" pack and webpage.
- WB highlighted that it has been a long process getting to the point the Trust is at with the Harbour and Members have had involvement in this. Therefore, it was suggested that Members could visit the Harbour, but would want to see it as a fully functioning facility.
- SM agreed this would be a good idea and could accommodate around 20 people across the range of wards. There have been many changes including, the reorganisation of shift patterns and a change of uniform, as previously it was difficult to decipher who were staff and who were service users. Due to the abovementioned, SM explained that the sense of wellbeing in the building is profound.

- SM voiced that there will be particular focus upon the physical health needs of mental health patients. SM noted that the evidence is clear, if a patient has a mental health condition and physical problems, life expectancy is 15-20 years lower.
- WB & SM agreed to liaise about a Member visit to The Harbour over the next couple of months. The main "official" opening of The Harbour was informed to be in September.

2. Work planning workshop

A work planning work shop was to be held after the April Committee (14th)

- WB queried whether the Steering Group's approach over the last 12 months could be refreshed. WB noted that Steering Group have been dealing with what hasn't been picked up at Health Scrutiny Committee. WB suggested an approach akin to a task group.
- CC Holgate suggested that the functionality of Trusts should be scrutinised. Reference was made to the happenings at Morecambe Bay and therefore, CC Holgate put forward a generic look at non-execs.
- WB suggested scrutinising CQC via monitoring what they are doing and their inspection regime. WB explained that CQC make the report, set out requirements and inspectors then review if these have been implemented.
- CC Motala stressed the importance of ensuring this is carried out properly as it could paint LCC in a bad light if the process was not adhered to correctly.
- WB suggested steering discussion for Committee around three aims – the NHS System, Social Care and Health Inequalities. WB asked what could be done to scrutinise these.
- CC Holgate stated that Steering Group and Health Scrutiny Committee need to ensure the abovementioned are performing their duties properly. It was expressed that CQC exhaust a large amount of resources going into organisations and setting action plans and inspecting year on year, however improvements are not sufficient. The need for absolute cultural change was stressed.
- It was noted that time has been expended with visitor updates when a briefing note would suffice.
- CC Craig-Wilson explained that it is valueless when organisations deliver a glowing self-report.
- Steering Group also raised that the impact of the restructure upon services needs to be considered.
- WB explained she will compile a draft outline agenda and run it by the Steering Group.

3. Dates/topics of future meetings

- 13 April – Healthier Lancashire programme/NWAS re ambulance response times
- 11 May – tbc
- 1 June - tbc

Notes
Health Scrutiny Steering Group
Monday 13 April 2015
B18b, 14.00

Present:

- County Councillor Steve Holgate
- County Councillor Margaret Brindle
- County Councillor Yousuf Motala
- County Councillor Fabian Craig-Wilson
- Councillor Jackie Oakes – representing Rossendale BC

Notes of last meeting

The notes of the Steering Group meeting held on 16 March were agreed as correct

NHS England – Healthier Lancashire

Officers attended were:

- Tim Mansfield, Associate Programme Director
- Sam Nicol – Programme Director

The Lancashire Leadership Forum (LLF) was set up to bring together representatives from across the health and social care sector including the three top tier Local Authorities, Clinical Commissioning Groups, Provider NHS Trusts and Foundation Trusts, Health Education England, HealthWatch, the third sector, Public Health England and NHS England.

The LLF and the three Health & Well-being Boards in Lancashire agreed to create a Lancashire level health and care programme, called "Healthier Lancashire" following two workshops in autumn 2013 organised in response to NHS England's Call to Action. The programme's overarching objective is stated as:

"All Lancashire people are united around a common cause that stops people from being patients".

To deliver the Programme, the Leadership Forum decided to establish a Programme Team with initial funding from NHS England in early 2014 and the Programme Director, Sam Nicol, started in September 2014.

The programme is still in the feasibility stage and a number of activities have been undertaken in to inform this including:

- Sustainability Assessment Forecast
- Purpose Document
- Summit
- Third Sector Expo
- Clinicians' meetings

Whilst there remains consensus that there needs to be a series of activities under the banner of "Healthier Lancashire" there has not been unanimity about the key requirements or scope of the Programme. With the aim of reaching a decision, the LLF met on 5th February 2015 in a facilitated workshop to understand what must be done together in order to deliver the bold ambition of the programme,

recognising this needs to be done in an environment of shared vision, understanding and collaboration.

The table below explains the key themes agreed on the day.

Summary of the key themes and reflections arising from Lancashire leadership forum meeting on the 5th February 2014

Local level (8 CCG footprints)	Regional level (3/5 Planning Sub Systems)	Lancashire level (All Commissioners, All Providers)
• Domiciliary Care • Primary Care • Empowering Patients • Engaging Communities • Multi specialty community providers • Mental Health • Efficiency and Productivity • 7 day working	• Integrated Care • Acute Services • Urgent Care • Frail and Elderly • Workforce • Stroke • Vascular Care • Mental Health • Enhanced Health in Care Homes • BCF • Primary Care Acute Care Systems • Efficiency and Productivity	• Digital Health • Leadership Development Programme • NHS as a social movement • Developing the Lancashire Brand • Empowering Patients • Developing a Lancashire Vision • Sharing best practice • Monitoring the interdependencies across the different programmes • 3rd Sector Co-ordination

2

Another step forward following the Leadership Forum was the decision to appoint Dr Mike Ions as the role of CCG lead for the Programme. In response to this the Healthier Lancashire Team has agreement to proceed with:

- Series of activities to align local system plans and understand interdependencies leading to the creation of a robust financial and economic health and social care model that includes activity, workforce, estates, costs and expenditure. This will include an assessment of the impact of utilising evidence based and published best standards of care. This will give us a report describing the evidence based key issues facing the Lancashire system and a series of options for the Lancashire system to consider.
- Lancashire–wide work to progress Digital workstream
- Lancashire-wide work to develop an offer of a series of activities grouped together as “Cultural Transformation” where there is potential for co-ordination or support to add value to activities at a local system level, or to do once for Lancashire. These activities include:

    - Leadership Development
    - Communications and Engagement
    - Development of the Empowered Person
    - Support to develop a wider role for the Third Sector
    - Workforce Development and Engagement
    - Development of a Lancashire vision

The outputs of these activities will be presented to the Leadership Forum at its meetings over the summer.

Officers also provided members with slide hand-outs and talked through some of the key points (a copy of the presentation is appended to the notes)

A discussion took place and the main points were:

- Sam in post since 1.9.14 – Programme Director
- Kings Fund report and NHS Call to Action was the precursor of doing something on a Lancashire footprint.
- End of 2013 paper presented to the 3 HWBs – health outcomes not very good (worse than expected)
- Money put aside to develop a programme of work – and then in feasibility phase
- Key facts on slide 3 – all this info taken from Sustainability Assessment Forecast and has set out the key drivers for change
- Slide 4 – 6 – summary are taken from the SAF, why considering a programme of work, nothing will happen without relationships and partnerships
- Ageing population – older segments growing at a disproportionate rate
- Disease rate higher prevalence – significant impact on an already struggling system
- Patients and activity – A&E levels vary across Lancashire but still high. Opportunities to improve emergency care
- Financial position – significant concerns. It shouldn't be all about the money, often it is just an indicator about wider problems within the bigger system
- Need to determine what the ***real*** problem is
- Need to look at areas of duplication and be aware if there is a technical infrastructure to address the issues and be clear where the best benefit can be achieved
- People's behaviours are also a factor that impacts on designing and delivering change
- Change needs to be very different to previously and also at a faster pace.
- Would take at least a decade to see any true difference of a new approach.
- Some of the issues cannot be resolved in Lancashire alone but can lobby centrally
- CC Motala feels that a mixture of 2 tier and unitaries creates disparity and is a challenge to working together.
- Lancashire needs to create an ambition for itself – to maintain its profile as a key economic area
- Need to move from the NHS being an 'illness' service to a 'wellness' service.
- Concerns around lifestyle choices and the changes in generational issues – less close knit communities.
- Need to create the vision of a healthier society
- 5 year forward view – NHS document. In its present format the NHS is not sustainable in the future. Need to move from hospital centred system to a person centred system. Radio 4 programme – Healthy Vision. Find link and forward to members
- In the care system there are initial commitments (see slide)
- Need a vision, plan and then funding
- CC Brindle thinks maybe it's being looked at in a tunnel vision way – e.g. planning legislation does not support health outcomes and therefore easy to get permission for a takeaway. What about supermarkets promoting foods that are high fat/high sugar, chocolates at the tills? The programme needs to create momentum that people what to see national change and it could join

forces with Manchester/Liverpool to lobby central government. Crucial that the public are engaged and behind the issues

- Ageing population have ingrained habits – how to address this. Maybe also need to address the capability of people being able to cook healthy meals (cookery lessons in schools?)
- In December published their 'purpose document', the response to the 5 year forward view – need to influence the public re lifestyle and how they use health services.
- SAF completed – only a position in time though. Brand development has been interesting as its about people not patients
- Campaigning to get the message across to the public is required. Also need to address 'what does primary care look like?' what does hospital care look like etc.
- Commitment to alignment of plans work – to identify the gap/barrier – this piece of work will report in June. Wider engagement will take place over the summer
- How would you address dramatic changes – such as not treating obesity and those people would be referred to other lifestyle services? Maybe it's one of the positives that PH is now back with authority control.
- Should incentives be provided by LAs – e.g. reduced rates for takeaway that serve healthier options
- HSC might need to think about how the plan is included within its work plan
- Consistency of approach – in terms of looking at service change.
- Not here to duplicate local plans but to bring them together
- As an organisation the vision needs to be sold on a common sense basis – what response has been received so far? Commissioners have put in the funding and provided their information which hadn't happened previously so is evidence of the vision moving forward.
- CC Holgate expressed that the HSC has powers to address organisations that don't agree to the plan – and wanted the HL team to be aware that it is a resource that could be exercised.
- CC Motala was pleased that a frank and honest view of the system and what is required was expressed by officers.
- Sam explained that the involvement of members is crucial to access the public.
- Re DV – the answer is not to provide more health and social care services re this issues but to address the causes of it and deal with the perpetrators
- Constant challenge is required to perceptions and services.

NWAS – Ambulance response times

Motion carried at a meeting of the Full Council on 26 February 2015:

Ambulance Response Times

County Council notes the continuing poor ambulance response times affecting Lancashire, especially in the east of the county, with performance significantly under target for Red 1 calls (the most urgent cases). Council also notes that a contributory factor to this underperformance is the queueing affecting Accident and Emergency departments.

County Council resolves that:

The North West Ambulance Service and north west CCGs be requested to take urgent action to improve response times for casualties in those areas of Lancashire most affected by poor Red 1 performance.

The county council resolves that the chairman and chief executive of the North West Ambulance Service and north west CCGs be requested as a matter of urgency to attend a meeting of the LCC Health Scrutiny Committee Steering Group to advise what measures are being undertaken to improve response times across the county including those areas most affected by poor Red 1 performance.

Following the above motion the following officers attended:

- Bob Williams, CEO
- Wyn Dignan, Chair – since Feb
- Pete Mulchay, Area Head of Service for Cumbria and Lancashire
- Allan Jude, Blackpool CCG (lead commissioner).

CC Oakes also attended on behalf of Rossendale BC for this item
(Rossendale have just recently begun a scrutiny review into ambulance response times)

CC Holgate did introductions and explained the purpose of the meeting with the Trust regarding the notice of motion and that the SG were not looking to apportion blame.

Wyn provided background on her role as chair and previous experience – recognised that the residents of the NW deserve the best ambulance service
Bob talked members through a PowerPoint presentation (copy attached to notes) and a discussion took place the main points being:

- It is important to remember that the ambulance service is not just for Lancashire but all of the NW – very busy service which is getting busier and not a lot of funds to deliver it. 3 call centres deal will calls from across the whole area
- It terms of performance, one of things commonly misunderstood is the process the Trust use to prioritise the calls is not the same as the government standards. Red category calls equate to almost 45% (the target for these calls is 8 mins) and the government measure this target (but its for the NW as a whole, not individual areas)
- Targets performance is not what they want – Slide 4 provides detail of response times within the different CCG areas of Lancashire
- Additional activity that had not been commissioned has consequences on target performance
- Blackpool, Blackburn and Preston give the impression that receive a better service if looking at the data – Bob explained the reason for this. As each of those 3 areas have a major hospital the majority of ambulances will transport their patients to one of them. Once they have handed over the patient they become available for calls again but because they are already in the centre of

town they will often be sent to calls there as they are the nearest and therefore get there within the target time

- Activity spike (see slide 5) is due to GP referrals – need to address how to deal with this
- Slide 6 is the top 5 reasons for calls (3 of the 5 generate a red call). Impact is that they are taking people to A&E – massive reduction in ability to hand over patients (not taking more people but that they are much sicker)
- Slide 7 highlights the time/number of ambulances/crew that are in A&E waiting to hand over patients
- Another impact on the Trust is as a result of changes to patient pathways for certain conditions – e.g. taking heart patients to Blackpool
- Hospital reconfigurations – e.g. Meeting Patients Needs in East Lancs. Reducing the amount of hospitals that the ambulances now attend – the graph on slide 9 again explains why Blackpool, Blackburn and Preston appear to have better response times. It's because they have taken a patient to one of those hospitals and therefore in the area when a new call comes through.
- CC Craig-Wilson expressed concerns regarding the above situation as she feels that Fylde (in particular St Annes) is very close to Blackpool so unclear why the performance within the District is so poor. Peter's response stated that the crews are getting calls (Blackpool based) as soon as they roll off the car park at Blackpool Victoria.
- CC Brindle asked whether patients can decide to be sent to either Airedale or Blackburn and the Trust responded that it depends how close the patient is (and what their condition is) – The Trust are aware of how busy the hospitals are and if Blackburn was very busy consideration would be given to taking the patient to Airedale.
- Have a lot of calls where they don't have enough information to decide whether an ambulance is needed – therefore always assume the worst so an ambulance is provided.
- At some hospitals there is a significant delay in patient handover – supposed to be max 15 minutes. In March the performance was (Greater Manchester – 12 mins, Lancashire – 17 mins) – these are average not maximum figures
- What are the reasons for lengthy hand over? – Part Acute Trust processes, part how busy they are.
- Do NWAS have discretion of where they take patients – yes and they use their judgement to do so. However there are limitations of the medical knowledge of the staff.
- As a way of addressing these issues the Trust are developing an evolving role
    - Proportion of calls they say no to – ideally should increase this number
    - Paramedic pathfinder – developed by the Trust. Allows the paramedic to determine whether the patient needs hospital, medication, GP appointment. Good feedback that this is successful
    - Community paramedics – placing them in the community (they don't have the facility to transport patients). This is to address the lack of places to take people within the community. Need to find a way to resource a community based provision – talking to commissioners and community providers about how to address this
- Where do Community First Responders (CFR) fit in the system and targets? – CC Oakes has concerns that there is too much reliance on first responders and they have limited training, particularly as not many ambulances in the

Rossendale area She feels that the minor injuries unit in Rossendale should be doing more (needs longer opening hours?)

- The hospital configurations is based on improved patient outcomes (data to support this) but this has had an impact on the ambulance service in terms of where it takes patients.
- Allan talked through the challenges of commissioning the service across the NW and the varied performance against targets. They have looked at alternatives to the Trust just taking people to EDs (e.g. promoting the 111 service again). Need to address the issue of hospitals being able to receive patients efficiently so it's a wider problem than just within the remit of NWAS
- CFRs – their response times are not counted for Red 2s only Red 1s (Red 1 is the very serious – almost dying) and the target is getting a defibrillator to the patient. They are also sent to Red 2 calls because the view is that someone with basic skills is better than no-one.
- CC Oakes also expressed concerns that CFRs were having to raise their own funds to provide equipment and the Trust responded that CFRs can choose to raise money for defibrillators (for public buildings) but they are not required to do so. – The type of defibrillators they raise money for that are installed in public buildings are different to the ones issues by NWAS – they are separate issues. One team of CFRs with equipment costs approx. £10k to set up.
- Cannot ring-fence ambulances for specific locations but community paramedics are linked to local GP practices and services. There are 10 initially across the NW – hope to continue to grow this service.
- CC Craig-Wilson explained the impact of social care services currently not working 24/7 on hospital discharge and therefore the knock on effect on ambulance handover. – it's part of the overall pathway problem
- To address the wider health and social care system partners need to get together to discuss and find solutions
- Working differently – social isolation, communication (re dementia). Paramedic training has been developed to address some of these concerns. However the system will only change (and therefore work more effectively) if a fundamental collaborative approach is embedded.
- NHS number – could NWAS use the info to find out about the patient prior to an ambulance arrival? This was investigated initially but stalled for a number of reasons which included data protection, IT compatibility and funding. One of the advantages of the community paramedic model is that it may address those type of issues.

CC Holgate summarised the discussion and sought assurance from the Trust that they would engage fully with Rossendale as they carry out their Task group review.

Dates/topics of future meetings

- 11 May – tbc
- 1 June - tbc

About NWAS

- Covers the North West footprint = **33 CCGs, 1,420 GP practices, 29 acute trusts**
- 1.3 million 999 calls per year
- 950,000 patient episodes
- Population of 7m people – growth of 3% by 2017
- Employs approximately 5,000 staff
- Annual income of £260 million
- Three emergency control rooms – virtual call taking
- 1.2 million PTS journeys in Cheshire, Lancashire, Merseyside and Cumbria

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

Performance Standards for 999

- All calls prioritised to determine appropriate level of response
- **Red calls** - immediately 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 follows:

Activity 2014/15

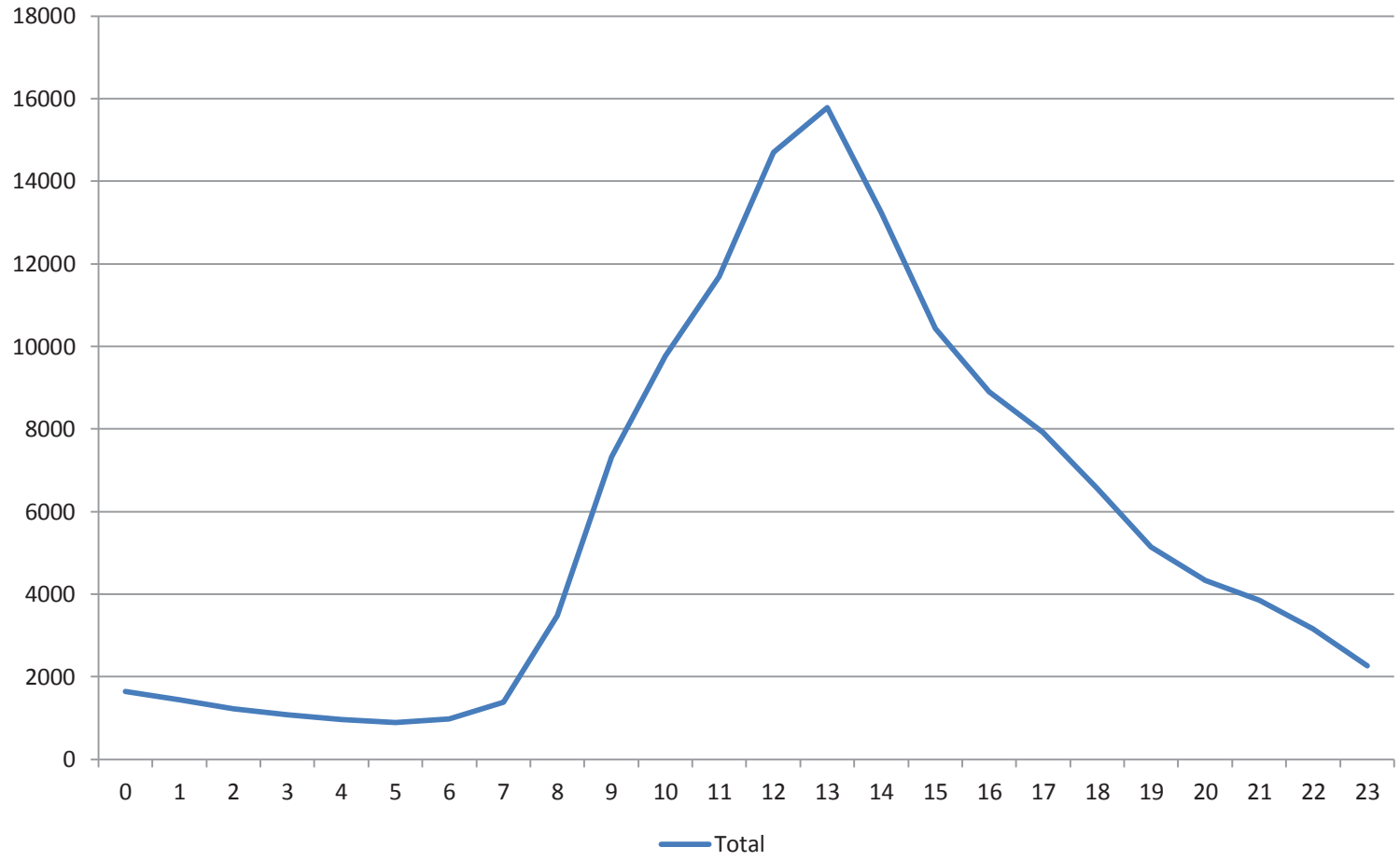
- **NWAS Activity Volumes:**
  - 430,947 Reds (+9.1% vs Plan)
  - 598,873 Greens (-1.7% vs Plan)
  - 1,029,820 Overall (+2.3% vs Plan)

- **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

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

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

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

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

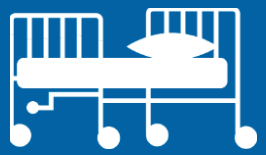
make up **17%** of all 999 activity

31% of all PES activity between

12:00 and 15:00

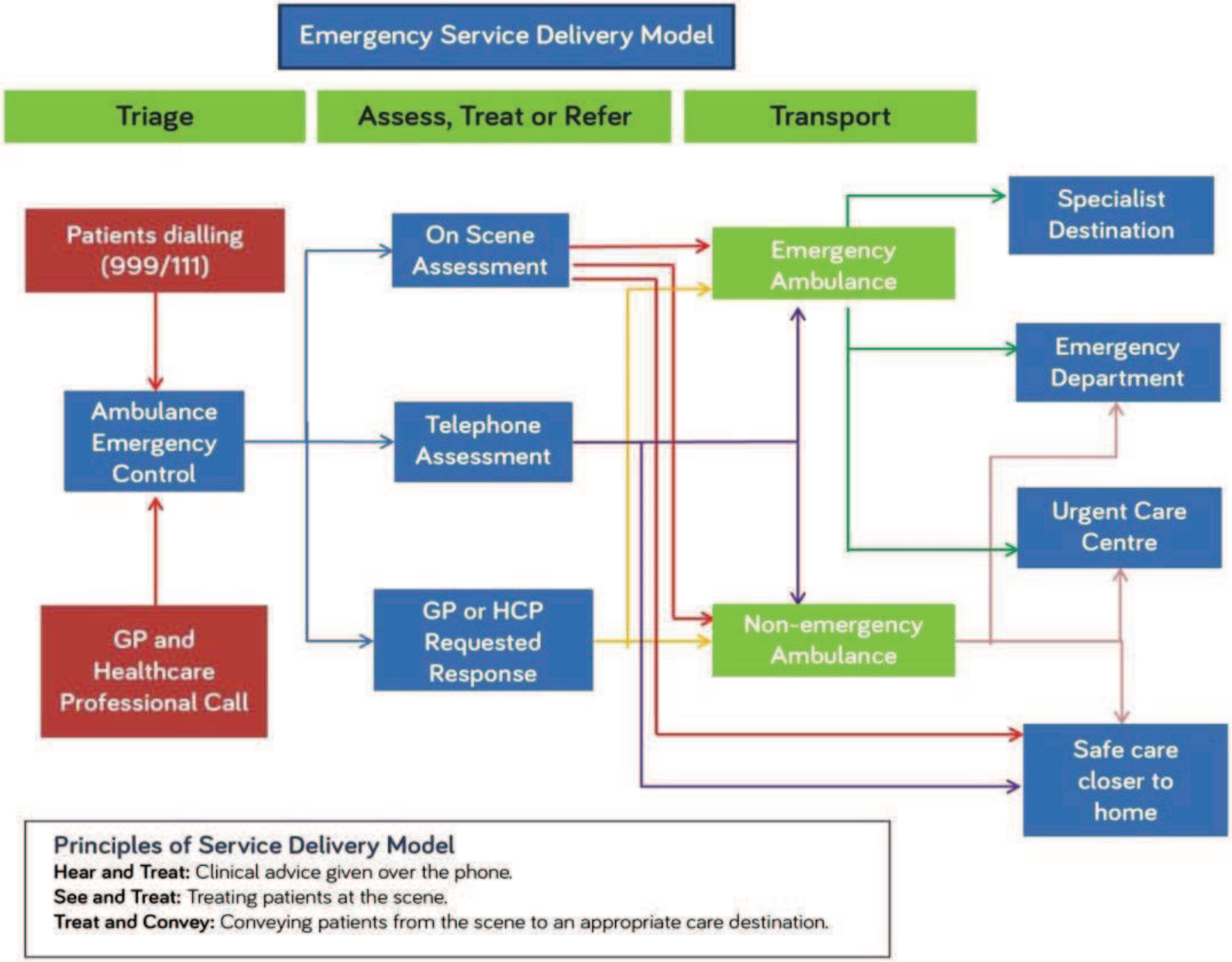
is from HCPs

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
Triage
Assess, Treat or Refer
Transport
Patients dialling (999/111)
Ambulance Emergency Control
GP and Healthcare Professional Call
On Scene Assessment
Telephone Assessment
GP or HCP Requested Response
Emergency Ambulance
Non-emergency Ambulance
Specialist Destination
Emergency Department
Urgent Care Centre
Safe care closer to home
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

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

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.

#Team 999

North West Ambulance Service NHS
NHS Trust

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

Future Options

- Whole System Solution

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

Health Scrutiny Committee
Meeting to be held on 2 June 2015

Electoral Divisions affected:
All

Health Scrutiny Committee Work Plan 2015/16
(Appendix A refers)

Contact for further information:
Wendy Broadley, 07825 584684, Democratic Services,
wendy.broadley@lancashire.gov.uk

Executive Summary

The Plan at Appendix A is the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in during April 2015 and also additions and amendments agreed by the Steering Group.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

Consultations
N/A.

Implications:
This item has the following implications, as indicated:

Risk management
This report has no significant risk implications.

Lancashire County Council

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Appendix A

Health Scrutiny Committee – 2015/2016 Work Plan

Health Scrutiny Committee	
Date	**Topic**
2 June	• North West Ambulance Service
15 July	• Prevention – screening programmes (overall performance and what more can be done) to include an update on Health Checks
1 September	• Joint Working – fragmented commissioning amongst partners. To use mental health commissioning as the example
13 October	• Access to Services – using services for deaf people as an example and a comparison between rural and urban areas
24 November	• Annual Complaint and Compliments report • Health & Wellbeing Board update • Healthwatch update
26 January	• Self-Care – health literacy, the role of education and possible engagement with Youth Council – using diabetes as an example

15 March	• Assets – role of assets re social isolation, volunteers, facilities, groups etc. Also challenges of named GPs for over 75s (and how they might identify social isolation and signpost)
26 April	• Health Inequalities – using adults with learning disabilities as the example. Cross cutting theme with access to services and joint working
Steering Group	
CQC/Monitor inspections	• A review of the inspection process undertaken by CQC and Monitor in relation to Acute Trusts
Non-Executive Directors	• An investigation into the role, responsibilities and effectiveness on Non-Executive Directors on Acute Trust Boards
End of year HSC report	• An annual report highlighting the work and outcomes of the Committee
Healthwatch – joint working	• Consideration of how the Committee and Healthwatch can work in partnership to achieve shared outcomes
Additional topics	• Inclusion and Disability Service – at the request of the Budget Scrutiny Working Group • Occupational Therapy - capacity and collaborative working • Commissioning of Health Visitors from October 2015 • Maintaining oversight of Healthier Lancashire

Health Scrutiny Committee
Meeting to be held on 2 June 2015

Electoral Division affected: None

Recent and Forthcoming Decisions

Contact for further information:
Wendy Broadley, Democratic Services, 07825 584684
wendy.broadley@lancashire.gov.uk

Executive Summary

To advise the committee about recent and forthcoming decisions relevant to the work of the committee.

Recommendation

Members are asked to review the recent or forthcoming decisions and agree whether any should be the subject of further consideration by scrutiny.

Background and Advice

It is considered useful for scrutiny to receive information about 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 can 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

The County Council is required to publish details of a Key Decision at least 28 clear days before the decision is due to be taken. Forthcoming Key Decisions can be identified by setting the 'Date range' field on the above link.

For information, a key decision is an executive decision which is likely:

(a)to result in the council incurring expenditure which is, or the making of savings which are significant having regard to the council's budget for the service or function which the decision relates; or

(b)to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the council.

Lancashire County Council

For the purposes of paragraph (a), the threshold for "significant" is £1.4million.

The onus is on individual Members to look at Cabinet and Cabinet Member decisions using the link provided above and obtain further information from the officer(s) shown for any decisions which may be of interest to them. The Member may then raise for consideration by the Committee any relevant, proposed decision that he/she wishes the Committee to review.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A