

Health and Adult Services Scrutiny Committee
Meeting to be held on Friday, 13 December 2024

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A;

Report of the Health Scrutiny Steering Group

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Brief Summary

This report seeks to provide members with a summary of discussions at the meeting of the Health Scrutiny Steering Group on 20 November 2024.

Recommendation

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

Detail

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in light of increasing number of changes to health services. The Steering Group is not a formal decision making body and reports on its activities are provided to the Committee for consideration and agreement.

The Health Scrutiny Steering Group met on 20 November 2024 and considered service update reports on from North West Ambulance Service (NWAS) and Public Health.

An overview from this meeting is outlined below:

NWAS Service Update

Members were presented with an overview of the report provided with the agenda which included the following:



With regard to funding and resource allocation, it was reported that the ambulance service received additional funding over the past few years to improve response times. Last year, £24 million was allocated to increase ambulance resources and telephone-based patient management. It was highlighted that currently, only 50% of patients are transported to emergency departments; the rest are managed via telephone, at home, or taken to other care centres.

The group were advised that the target set by NHS England was to respond to Category 2 patients within 30 minutes. Last year, the response time was just under 30 minutes, and this year, it was reported to have improved to around 27 minutes.

With regard to hospital handovers, it was acknowledged that a significant challenge was the time ambulances spent waiting to hand over patients to hospitals. The target was reported to be a 15 minute handover, but the current average was around 34 minutes.

Efforts were being made to decrease emergency department attendance through community engagement and working with care homes. Members were informed that part of this included educating care homes on when to call an ambulance as well as exploring alternative care options.

It was highlighted that hospitals were facing challenges with patient flow due to full wards and delayed discharges, which was a systemic issue involving both health and social care sectors. Members were assured that collaboration with acute hospitals, Integrated Care Boards (ICB), and local authorities was ongoing to address these challenges.

Members were invited to ask questions and a summary of discussions is outlined below:

- It was reported that the tender for patient transport services in the North West faced a legal challenge, leading to a restart of the process. The ICB was expected to announce the contract award in January or February next year, to begin in April 2026. The new contract is expected to last for a minimum of five years, with a possible three-year extension.
- The improvement in the 111 service was acknowledged, reducing stress for staff, and improving overall service.
- With regard to a query on diversions to other hospitals, members were informed that ambulances will not divert patients to other hospitals unless coordinated through the ICB's System Coordination Centre, which oversees hospital pressures. It was highlighted that diverting patients could lead to challenges in patient discharge and continuity of care.
- With regard to Community First Responders (CFR), it was confirmed that active groups were in place in Blackpool and surrounding smaller towns. And the role of CFR's was crucial in areas with longer ambulance response times.
- On sickness absence, it was confirmed that across the NHS, this continued to be a significant challenge, often related to job pressure. However, it was highlighted



that improvements in the 111 service have reduced sickness absence from 20% to 9%, primarily as a result of enhancements in staffing and working environment.

- On violence against ambulance and police staff in the Fylde area, particularly in Blackpool, it was reported that this remained a concern. Efforts were being made to manage and reduce violence through proactive work with the police. Information leaflets have been produced to discourage assaults on emergency workers, particularly in Blackpool, which attracts specific types of tourism contributing to such behaviours. And body-worn video cameras have been introduced to deter violence and provide evidence for prosecution. In addition, it was reported that a violence reduction lead from a policing background has been appointed to enhance staff protection.
- Regarding validation of calls, members were advised that call handlers categorised emergency calls, with clinicians validating certain calls to determine the appropriate response. In addition, there were a variety of alternative responses available hearing and treating over the phone, sending rotational workers, or referring patients to other services like urgent treatment centres or GP referrals.
- On access to defibrillators within communities, it was reported that efforts were being made to ensure public access to defibrillators and registered in communities. And when a 999 call is made, operators can direct callers to the nearest defibrillator. With regard to training, members were advised that this focused on CPR rather than defibrillator use, as defibrillators were designed to be simple to use and intuitive.
- On care home support, it was highlighted that the 'Call Before Convey' initiative in place supported care home staff in deciding when to call an ambulance. A booklet has been developed to assist care home staff with frailty scoring and fall assessments. And the initiative aimed to keep residents in familiar environments when possible, reducing unnecessary hospital visits.

Officers were thanked for their comprehensive report to the Steering Group.

Resolved: That on considering the information presented, identified Acute Trusts be invited to a future meeting of the Steering Group to further discuss handover challenges and initiatives in place.

Public Health Service Update

Information included details on the following areas which were requested as part of the recommendations from the meeting of the full committee in January 2024:

- Public Health Business Plan.
- Public Health data and Intelligence.
- Social Prescribing.
- Clean air issues.



Information included as part of the report to the steering group included:

Data and intelligence

- Design of a new dashboard underway providing further details on commissioned services.
- Production of a new Health Inequalities dashboard, Foundation for Wellbeing: [Foundations for Wellbeing - Lancashire County Council](#)
- Performance indicators project underway which has identified around 70 indicators to show the breadth of work across Public Health.

Social Prescribing

- LSC ICB have undertaken a review of social prescribing contracts funded by the ICB.
- Further work is being explored to understand job roles, definition of social prescribing, onwards referrals etc to inform the strategic direction.
- Maximise opportunities to pool resources, work collaboratively and integrate more effectively into neighbourhood teams.
- Collaborate and agree consensus in relation to principles relating to social prescribing.

With regard to the Public Health business plan, members were advised that this was in the process of completion. Data and intelligence have been integrated within the plan, rather than being provided as a separate document.

On the Public Health Strategy, it was reported that this had been published previously and was undergoing a refresh, expected to be completed by February 2025 and republished mid-next year alongside the Council plan.

With regard to workforce development, there has been considerable progress with increased capacity. However it was reported that challenges remain with the continued demand in services and with central government setting greater targets for access to demand-led services in drugs and alcohol.

Social Prescribing was highlighted as being largely managed by ICB colleagues and work was required to reinforce districts, the voluntary sector, and grassroots level capacity.

Regarding clean air issues, there has been promotion through Clean Air Plans, focusing on areas with multiple benefits, working with transport and environment colleagues to improve spaces and access, especially walking, and cycling routes.

Members were invited to ask questions and a summary is outlined below:

On the challenge around clean air and highways, it was reported that the Clean Air Plan included a cycling and walking strategy with a focus on economy, health and wellbeing and environment and community to increase access to open spaces, encourage walking and cycling, identify air quality management areas, working with districts to improve air quality results.



On challenges with recruitment, members were advised that recruiting qualified public health staff continues to remain problematic. Regarding apprenticeships, 6 out of 10 apprentices were reported to be in the trading standards area, which was challenging to recruit for due to the high skill set required. However, there was a move to developing trainees with specialist in house training. Work was also in place through collaboration with universities across the county for joint innovation ideas and programmes, including staff exchanges and real-world projects.

On the subject of social prescribing, it was agreed that the delivery of social prescribing services was currently not unified across the county, which presented a challenge in the provision of equitable services. The voluntary sector continued to play a significant role in social prescribing, but has challenges in recruitment of new volunteers, and with reductions in funding.

It was highlighted that there was good capacity in and around the Morecambe Bay area, due to commissioning arrangements between local voluntary services and local councils. Work was ongoing with the Voluntary Sector Alliance to understand capacity within those organisations, where there are gaps and what would be required to help establish a more equitable service across all districts.

With regard to funding, it was reported that this fell between both the county council and the ICB. It was recognised that funding was crucial for the voluntary sector's capacity to deliver services. Whilst the ICB currently provided some funding, a more unified approach within the council was required.

The group discussed the opportunity to receive a joint report from Public Health and the ICB to provide a comprehensive overview of the social prescribing system, including equity of provision, funding, as well as the impact on Public Health. It was suggested that the report could help to highlight the current challenges and potentially lead to targeted funding for social prescribing, particularly in light of the need to shift focus to preventative services. It was agreed as a potential future item for either the committee or the steering group, with further discussions with Public Health and the ICB.

Resolved: That from a review of the information provided, a future report be provided on social prescribing as outlined.

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

Consultations

NA

Implications:

This item has the following implications, as indicated:



Legal

There are no legal implications associated with this report.

Financial

There are no financial implications associated with this report.

Risk management

There are no risks associated with this report.

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

| Paper | Date | Contact/Tel |
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NA

Reason for inclusion in Part II, if appropriate

NA

