Appendix B

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

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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