ARTICLE NO: 1A

CORPORATE & ENVIRONMENTAL OVERVIEW & SCRUTINY COMMITTEE:

MEMBERS UPDATE 2013/14
ISSUE: 3

Article of: Borough Solicitor

Relevant Managing Director: Managing Director (People and Places)

Relevant Portfolio Holder: Councillor Sudworth

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SUBJECT: MINUTES OF LANCASHIRE COUNTY COUNCIL'S HEALTH SCRUTINY COMMITTEE

Wards affected: Borough wide

1.0 PURPOSE OF ARTICLE

1.1 To keep Members apprised of developments in relation to Health Overview and Scrutiny in Lancashire.

2.0 BACKGROUND AND CURRENT POSITION

2.1 The Health and Social Care Act (2001), subsequently superseded by the National Health Service Act 2006 and the Health and Social Care Act 2012, extended the powers of Overview and Scrutiny Committees of local authorities responsible for social services functions to include the power to review and scrutinise matters relating to the health service in their areas.

2.2 The Health Scrutiny Committee at Lancashire County Council exercises the statutory functions of a health overview and scrutiny committee. The Membership of the Committee includes twelve non-voting Co-opted district council Members, West Lancashire's representative is Councillor Mrs Stephenson.

2.3 To ensure that Members receive regular updates on the work being undertaken by the Committee and to provide an opportunity to feed back

any comments via the Council's representative, a copy of the County Council's Health Scrutiny Committee minutes are attached.

3.0 SUSTAINABILITY IMPLICATIONS

3.1 There are no significant sustainability impacts associated with this update.

4.0 FINANCIAL AND RESOURCE IMPLICATIONS

4.1 There are no financial and resource implications associated with this item except the Officer time in compiling this update.

Background Documents

There are no background documents (as defined in Section 100D (5) of the Local Government Act 1972) to this report.

Equality Impact Assessment

The decision does not have any direct impact on members of the public, employees, elected members and/or stakeholders. Therefore no Equality Impact Assessment is required.

Appendices

Minutes of the Health Scrutiny Committee

1. 22 October 2013

Appendix 1

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 22 October, 2013 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	A Kay
Mrs F Craig-Wilson	Y Motala
G Dowding	B Murray
N Hennessy	M Otter
M Iqbal	N Penney
A James	B Yates

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)
Councillor Julia Berry, (Chorley Borough Council Representative)
Councillor Paul Gardner, (Lancaster City Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Mrs D Stephenson, (West Lancashire Borough Council Representative)
Councillor Betsy Stringer, (Burnley Borough Council Representative)
Councillor David Whalley, (Pendle Borough Council Representative)

1. Apologies

Apologies for absence were presented on behalf of Councillors Liz McInnes (Rossendale Borough Council), Julie Robinson (Wyre Borough Council), and Dave Wilson (Preston City Council).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 10 September 2013

The Minutes of the Health Scrutiny Committee meeting held on the 10 September 2013 were presented

Resolved: That the Minutes of the Health Scrutiny Committee held on the 10 September 2013 be confirmed and signed by the Chair.

4. North West Ambulance Service

The Chair welcomed Peter Mulcahy, Head of Service, Cumbria and Lancashire and Tim Butcher, Assistant Director of Performance, both from the North West Ambulance Service (NWAS).

They delivered a presentation which set out a summary of current developments within the NWAS which included an estates review, performance data and details of their community first responder (CFR) provision. A copy of the presentation is appended to these minutes. Additional background on the review of the Trust's estate was set out at Appendix A to the report now presented.

It was explained that the NWAS was continually working with partners to gather information to try to understand why demand was changing. Careful, predictive analysis determined the location of vehicles parked and waiting for their next call.

It was no longer possible to send an ambulance to every 'emergency'. The priority was to ensure that the patient received the appropriate level of care, at the right time, and this could be from one of a number of sources including the GP, Urgent Care or the Emergency Department. A scheme was about to be trialled in Preston whereby ambulance crew could contact a dedicated GP by telephone for clinical advice to enable crew to take a clinically safe, informed decision. This initiative had already been trialled in Greater Manchester where it had worked well. NWAS would monitor carefully and report back to the Committee.

The NWAS extended an invitation to members to visit the ambulance control room at Broughton.

Members were invited to comment and ask questions and a summary of the main points of the discussion is provided below:

- In response to a question about the amount of time and energy spent by ambulance crews dealing with alcohol and drug related issues, it was confirmed that significant time and resources were used dealing with such matters. The ambulance service was the service most likely to be called in situations where drink and/or drugs were suspected because it was difficult and unsafe to assume that drink or drugs was the cause of a person appearing unwell; the symptoms displayed determined the response-the cause could be one of many different things. For example the symptoms of a brain bleed were similar to those of drunkenness.
- There was a dedicated 'safe haven' ambulance located in Blackpool at night and weekends specifically for people so badly affected by alcohol /drugs that they required temporary care. Similar problems / provision existed in other parts of Lancashire also.

- There had been approximately 260 cases of violence and verbal abuse against ambulance crew this year, resulting in lost working time owing to sick leave and the process of easing staff back to work.
- It was confirmed that the NWAS was working closely with the British Heart Foundation to provide defibrillators at a range of locations. The NWAS acted to some extent as a 'broker' and offered appropriate training. They also maintained a log of all defibrillators and their location, and provided appropriate coaching in their use.
- It was confirmed that ambulances were provided on a cross-border basis, for example an ambulance required in Halsall or Sefton could be dispatched from Burscough, Southport or Skelmersdale. A call would be answered in whichever control room had an available operator who would then select one of six available vehicles as displayed on their screen.
- It was acknowledged that patient transport services would adjust provision to respond to the increasing centralisation of specialist clinical services. The decision about who would be entitled to a patient transport journey would rest with the commissioners and would be based on clinical need not patients' convenience. The NWAS would continue to provide transport as requested by commissioners.
- It was confirmed that there was no intention to have just one 'hub' ambulance station for the whole of Lancashire. The hub and spoke model could work well in areas such as Fylde and East Lancashire, but not necessarily in areas such as Lancaster. There was a need to understand the diverse geography covered by NWAS and develop appropriate, cost effective solutions.
- The Committee was assured that previous problems relating to delays and the 'stacking' of ambulances at Royal Lancaster Infirmary had significantly improved. The new Emergency Department was about to open and RLI had recently funded a dedicated ambulance manager to control ambulances through the winter. One member asked that this Committee be notified if delays and 'stacking' again reaches unacceptable levels.
- Regarding a question about standardisation of the ambulance fleet, it was confirmed that, whilst the ambulance fleet was not part of this review, NWAS had a Vehicle Design Group which was working in partnership with the unions, and also taking account of patient experience about the kit, for example there had been complaints about the uncomfortable stretcher mattresses used which were now being changed. Whilst it was intended to continue with a mixed fleet, because it would be unwise to have just one vehicle provider, it was pointed out however that the interiors and equipment on whichever manufacturer of ambulance were identical.
- It was explained that a 'community first responder' (CFR) was a person trained by the NWAS to a national standard to deal with life threatening situations such as heart attacks. Their role was to provide immediate care whilst the ambulance was on its way. CFRs would not be asked to attend incidents involving paediatrics, traffic collisions or mental health matters. The on-call CFR would carry a pager, and would be provided with a medical kit. There was no obligation on the CFR to attend when asked; an ambulance would always be requested at the same time. The Chair noted that CFRs provided much

added value and he suggested that the county council might help support the CFR initiative in some way.

- The reasons for call-outs of CFRs were carefully monitored; it was recognised that different types of calls could be expected at different times of the year, for example the number of falls would increase over the winter months. Much planning was carried out on that basis. The address of those people who frequently called for an ambulance would be flagged and appropriate action taken, for example if the patient had mental health problems a multi-agency team would come together to support the patient.
- It was confirmed that the NWAS met on a regular basis with the Deputy Chief Fire Officer to discuss shared issues including joint use of premises, however, the point was made that NWAS was obliged to first consider using available NHS properties.
- One member raised concern about "creeping privatisation". It was explained that there was a requirement locally and nationally to adopt a market approach and to follow European procurement legislation – functions had to be put out to competitive tender.
- Regarding what sometimes appeared to be poor ambulance response times in more remote areas such as those in Pendle, it was explained that it was important to consider the context and not just the statistics, which could sometimes be misleading at face value; the example cited involved just four calls and as such the average response could be significantly skewed by just one slower response. It was important also to ensure that complementary resources were in place. The NWAS was shortly due to meet with the Pendle Scrutiny Committee.
- It was explained that the NWAS, like every public sector organisation, was under pressure to deliver a significant cost improvement programme whilst maintaining performance standards and quality of service. The priority was to spend money on ambulances and staff rather than on buildings. There had been a substantial investment in 170 paramedics in the last year. Sale of buildings would generate a one-off sum which would be re-invested into front line services and to support the building of 'hubs'.
- It was confirmed that information about the consequences arising from those occasions when ambulances did not meet their target response time was available in the NWAS Board Papers which can be accessed via the following link:

http://www.nwas.nhs.uk/about-us/how-we-are-run/board-meeting-agendas-and-minutes/agendas-minutes/board-of-directors-2013/

- The eight minute target response time for Red1 calls was an arbitrary figure and a response time of plus or minus one minute would make very little difference. It was very difficult to judge whether outcomes would have been different if the ambulance had arrived earlier.
- The point was made that expectations were sometimes unrealistic and that people might have to wait for an ambulance if there were other priorities.
- It was acknowledged that there had been a rise in the number of incidents involving people with mental health problems and for the transfer of patients to specialist facilities outside the North West. Training for staff required to deal

with such situations focussed on Mental Health Legislation and elements of the Mental Health Act relating to transport. Within NWAS there was mandatory training each year which would include new, relevant subjects - changes in Mental Health Legislation would be included in the training as it was rolled out. The NWAS was confident that its staff, whilst not having specialist clinical skills did have the skills to manage transportation of mental health patients.

- It was confirmed that the NWAS had attended a number of Health and Wellbeing Boards and also regularly provided much information to all partner agencies.
- The NWAS was informed when planning applications were submitted / being considered. it was considered essential that the NWAS be kept informed about new developments and road layouts; a team based in Carlisle was responsible for maintaining the information technology relating to street names etc
- The point was made that people living on their own can struggle to provide information to an attending ambulance about their medical history and medication. NWAS agreed that it would be most helpful if they were able to electronically access a patient's medical records; they did have the facility to transmit information electronically from the ambulance to the Emergency Department, but the national roll out of electronic access to medical records had faltered.
- Certain patients' addresses were / could be 'flagged' to inform the ambulance service about important information such as information about end of life care, domestic abuse and other matters which potentially made the resident vulnerable.

Resloved:

It was agreed that:

i. The Health Scrutiny Committee accept the Trust's invitation to visit the NWAS ambulance control centre at Broughton.

ii. The Steering Group of the Health Scrutiny Committee receive further information about Community First Responders and consider how members may contribute to the roll out of this scheme.

iii. The NWAS would inform this Committee regarding any proposed changes to its estate as soon as possible.

iv. The NWAS would provide a further report in the New Year about the pathfinder scheme and progress with the GP pilot scheme currently being trialled in Preston.

5. Report of the Health Scrutiny Committee Steering Group

On 16 August the Steering Group had met with Fylde & Wyre CCG to discuss the commissioner's role following the outcome of the 'Improving Patient Care' consultation. A summary of the meeting was set out at Appendix A to the report now presented.

On 6 September the Steering Group had met with Tony Pounder, Head of Commissioning from the Adult Services & Public Health Directorate to discuss the review of the domiciliary care market in Lancashire. A summary of the meeting was set out at Appendix B to the report now presented.

Resolved: That the report of the Steering Group 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 3 December 2013 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston