MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING
WEDNESDAY, 14 DECEMBER 2016

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Mitchell
Mrs Callow JP	Hutton	Owen

In Attendance:

Councillor Amy Cross, Cabinet Member for Health Inequalities and Adult Safeguarding

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group
Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Mr Tim Bennett, Deputy Chief Executive and Finance Director, Blackpool Teaching Hospitals NHS Foundation Trust
Mr Neil Upson, Deputy Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust
Ms Natalie Davidson, Assistant Director (Resilience Management), Blackpool Teaching Hospitals NHS Foundation Trust
Mr Graham Curry, Sector Manager, North West Ambulance Service
Ms Ruth Henshaw, Corporate Development Officer
Mr Sandip Mahajan, Senior Democratic Governance Adviser

1 DECLARATIONS OF INTEREST

Councillor Martin Mitchell declared a personal interest as the Council's representative on the Board of Governors for Blackpool Teaching Hospitals NHS Foundation Trust in relation to the item on Winter Health Planning and the Trust's Strategy, Ambitions and Work Programmes.

2 MINUTES OF THE MEETINGS HELD ON 28 SEPTEMBER 2016, 12 OCTOBER 2016 AND 29 NOVEMBER 2016

The Committee agreed that the minutes of the Scrutiny Committee meetings held on 28 September 2016, 12 October 2016 and 29 November 2016 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Chairman explained that the BBC had commissioned local TV media to film a series of council committee meetings as part of a national project promoting local democracy. He welcomed back Paul Faulkner from That's Lancashire Television who had attended the Committee's meeting on 29 November 2016. The Committee noted that there were no applications to speak by members of the public on this occasion.

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4 EXECUTIVE AND CABINET MEMBER DECISIONS

The Committee noted that there were no Executive or Cabinet Member decisions on this occasion.

5 FORWARD PLAN

The Committee noted that there were no items on the Forward Plan, December 2016 - March 2017 on this occasion within the portfolio of the Cabinet Secretary, Councillor Graham Cain relating to health scrutiny functions.

The Chairman referred to two other items of interest that were progressing which had been previously considered by the Committee. These were the new Health and Wellbeing Strategy in relation to Pan-Lancashire proposals and tendering of a new Integrated Clinical Recovery, Drug and Alcohol Treatment Service.

Councillor Amy Cross, Cabinet Member for Health Inequalities and Adult Safeguarding explained that a combined Health and Wellbeing Board was being proposed for Lancashire. The governance arrangements were due to be considered by the Council's Executive on 15 December 2016 and by the other two upper tier authorities in Lancashire (Blackburn with Darwen Borough Council and Lancashire County Council). The target for the combined Board formally starting was May 2017.

She provided assurance that there would still be local delivery arrangements taking into account local needs which would support the strategic aims of the Pan-Lancashire Board. For Blackpool, local work would be through the Blackpool, Wyre and Fylde Coast Partnership.

Councillor Amy Cross referred to the Drug and Alcohol Treatment Service and noted that the Committee had previously received a detailed profile of the Service aims from Dr Arif Rajpura, Director of Public Health. The contract was shortly due to be awarded with the new Service targeted to start in April 2017.

6 HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017

The Chairman referred to the Health Scrutiny Workplan for 2016-2017 and progress with the implementation of recommendations. The Chairman informed the Committee that some agreed actions from previous meetings required from the Blackpool Clinical Commissioning Group were still outstanding without any explanation and that It was important to complete actions and also ensure reports for meetings were submitted in good time. A request would be sent on his behalf to the Clinical Commissioning Group.

The Committee were provided with a summary of key topics added to the Work Programme.

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Following an inspection in the middle of 2016, the Care Quality Commission had required significant improvement from the Grange Park Health Centre which was the only health centre in Blackpool served by a single GP. The Committee had previously noted the concerns and that there had been no direct threat to patient safety or quality of care. Therefore a watching brief had been maintained. A re-inspection had taken place with another report due to be published in December 2016. It was understood that steady progress was being made with support from NHS England and Blackpool Clinical Commissioning Group. However, improvement needed to be sustained after the various support had ceased. Following the re-inspection report being published, the Committee could receive a detailed update at its March 2017 meeting from the Clinical Commissioning Group.

The Committee had recently considered progress being made at The Harbour (Lancashire Care Foundation Trust's in-patient adult mental health facility in Blackpool). The Care Quality Commission had undertaken an inspection of the Trust in autumn 2016 and inspection report would be published in December 2016. The Trust had indicated to the Committee that no serious concerns had been raised by the Commission during the inspection. The Committee noted the option for a brief update at its March 2017 meeting.

The draft Public Mental Health Strategy would be considered at the March 2017 meeting and would complement a dedicated meeting focusing on young people's health needs. The draft Sexual Health Strategy would be considered at the provisional July 2017 meeting.

The Committee had previously considered progress with integrated health and social care, principally through the development of the Sustainability and Transformation Plan 2016-2020. Progress with transforming care for people through the Plan as well as financial efficiencies were to be added to the provisional July 2017 or September 2017 meetings.

Councillor David Owen referred to the significance of the Sustainability and Transformation Plan and concerns that the Plan showed little prospect of delivering on effective transformation of services to improve patient care, manage demand or to achieve the level of financial savings required (£572m across Cumbria and South Lancashire equating to 25% of budgets) over the five years. Plans were being driven by national savings requirements of NHS England. He highlighted that the Plan lacked specific local detail of proposed actions, would impact negatively upon patient care and should be rejected. He highlighted the importance of keeping track of progress.

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group acknowledged that the Sustainability and Transformation Plan lacked detailed but had been supported by the Health and Wellbeing Board. A user-friendly version would be produced. He added that it would be possible to consider progress earlier in 2017 with more detailed local information in the Plan.

The Committee agreed:

1. To approve the Scrutiny Workplan subject to progress with health and social care integration (principally Sustainability and Transformation Plan) being reported to the Committee at its March 2017 meeting or another early date in 2017.
2. To note the 'Implementation of Recommendations' table and that the Blackpool Clinical Commissioning Group would be requested to complete outstanding actions.

7 COUNCIL PLAN PERFORMANCE REPORT - QUARTER TWO 2016-2017

Mrs Ruth Henshaw, Corporate Development Officer had reported on key performance indicators July-September 2016 in relation to three groups - opiate drugs users, non-opiate drug users and alcohol users - and the percentages (%) of these substance users successfully completing treatment. For drug users, recovery meant not re-presenting within six months. Opiate drugs users had been highlighted as an 'exception' with a shortfall in performance requiring more detailed reporting.

The Chairman noted that the sustained recovery rate of 5% for opiate drug users was well below the 8% target. Councillor Cross referred to the detailed explanation previous given by Arif Rajpura. She re-iterated that the remaining opiate users had the most complex and deep-rooted problems. She added the new integrated alcohol and drug treatment service would aim to support recovery through a more comprehensive approach involving aspects such as meeting accommodation needs and developing skills for jobs. In response to comments, she advised that there were no easy solutions, for example people could only gradually come off methadone, which was better than being on heroin and allowed people to manage their lives but the process could take years.

The Chairman referred to the annual measures to reduce excess weight in children aged four - five years old (target of less than 25% being overweight) and children aged ten - eleven years old (target of less than 38%). He queried why the target in later years was higher instead of focusing on preventing problems in early years.

Councillor Cross explained that the targets were for key stages of children's development and reflected how high existing numbers of overweight children were in each group and nationally. She acknowledged that excess weight rates were still high in Blackpool hence the Council had signed up to the Local Authority Declaration on Healthy Weight. She referred to proactive work for reducing excess weight in both age groups, for example free school breakfasts to support children in need of financial assistance and stated that those provided important nutritional value and studies showed that a healthy start supported concentration and activity during the school day.

In response to comments, Councillor Cross added that the content of breakfasts was carefully considered and monitored to ensure there was no high sugar content or other poor dietary element. Reducing sugar content helped towards tackling local children's poor dental health including campaigns such as Give Up Loving Pop (GULP) which had been highly successful and would potentially be run again. She added that promoting children to clean their teeth would benefit them from the fluoride content of toothpaste.

The Committee referred to the annual measures to reduce the numbers of adults and pregnant women smoking. GPs currently received a cash incentive to refer patients for assistance to stop smoking. However, the £50k funding budget for GP referrals was being stopped and there was some concern that GP referrals would be lost. It was noted that GPs should be making referrals even without an incentive.

Councillor Cross clarified that the Council was the funding body for GP smoking referrals and the value of referrals had to be balanced against the cost. She added that GPs should not need an incentive to make referrals and that there would be no incentive going forward.

The Committee agreed to receive an update before the March 2017 meeting from Councillor Cross on GP patient referral rates for support to stop smoking.

Note - The Committee agreed to move Blackpool Clinical Commissioning Group's performance report to the end of the agenda so that attendees with major operational priorities concerning ambulance and hospital services were able to return to work.

8 WINTER HEALTH PLANNING

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group; Graham Curry, Sector Manager, North West Ambulance Service; and Neil Upson, Deputy Director of Operations, Blackpool Teaching Hospitals presented an update on specific activities undertaken around winter health planning across the Blackpool Health Economy and Fylde Coast area (involving local health service commissioners and providers of services).

David Bonson explained that a wide range of planning work had been undertaken recognising that demand pressures on acute and emergency services increased significantly during the winter period. Some regular services closed during the holiday period but demand needed to be managed and had increased in 2016.

He explained that planning followed national guidance which created standard local systems, structures and processes. An Accident and Emergency Delivery Board, had been created for the Fylde Coast area incorporating Blackpool with a full range of executive decision-makers from health and social care commissioners and service providers. The Board was supported by an Emergency System Resilience Group which met weekly to review the previous and plan ahead. The Board would take more of a lead role as pressures increased.

David Bonson highlighted one of the key new elements being a structured approach to operational levels. There were four operation pressures escalation levels: a basic level one for day-to-day operations at an ordinary level of demand and management; level two for a slight increase in pressures requiring additional action; level three reflecting major pressures and level four where there were severe risks of unmanageable pressures. Each level was underpinned by the need for ensuring patient safety and sufficient resources to manage demand.

He added that operations were currently at level two and outlined some new areas of planning. Primary care services (GPs) were more involved with enhanced opening times over the Christmas period and ability to take on non-routine appointments. The walk-in Whitegate Health Centre was offering standard and emergency slots. Pharmacists were ensuring their opening times allowed access to at least one pharmacist at any given time. Dentists were providing greater access through a 'single point of contact' dental helpline.

Graham Curry profiled the pressures that the North West Ambulance Service was under. Call rates were up 10% totalling around 3,900 calls daily of which around 12% were managed through the NHS 111 advice line. To help manage the increased demand and support emergency responses more, resources were being pooled from different areas of the Ambulance Service. These included Urgent Care, NHS 111 and the Patient Transport Services.

He explained that one particular recent change had been simplifying the wide range of incident codes for telephone calls received from over 221 'red one' codes (fastest response times required) to 16 codes. The streamlining made it easier and quicker for operators to process calls and allocate resources for these life threatening incidents. He added that an Integrated Virtual Hub had been developed for managing a wide range of advice calls for the public and staff in the Urgent Care Service. Paramedics also reviewed incidents so that 48% of 999 emergency calls did not need to go to hospital but instead more appropriate routes such as GPs. Other initiatives included paramedics and occupational therapists visiting vulnerable people at home to help prevent falls leading to a reduction of 70% less people going to hospital due to a fall. Mental health nurses worked closely with people at home.

Neil Upson referred to the 95% target for accident and emergencies to be dealt within four hours of arrival were not being met. There were seasonal variations with hospital attendances for same day treatment increasing in the summer based on visitor numbers but admissions for hospital stays did not go up. During summer both attendances and admissions had gone up. Usually in winter attendances reduced but admissions increased.

He referred to a range of initiatives to reallocate resources including eighteen beds from scheduled care to emergency cases and release pressures at the acute care sites. The acuity (severe) care service had reduced discharges to the same day from previously one to three days. The frailty service had also been speeded up to reduce discharges to the same day freeing up five beds for emergencies. Twelve unused beds at the Clifton unit had been brought back into use. The therapy service also aimed for same day discharges. Reference had been made earlier to opening times increased for the walk-in Whitegate Drive Health Centre. The acute services were also working closely with the Council's Social Services to develop fifteen extra packages of care and more integrated health and social care planning including ten beds being made at the Arc facility. Reducing outpatient clinics meant that key clinical staff would be more focused on emergencies.

The Chairman noted that the winter health planning report was not very reader-friendly with a range of acronyms. He asked what would be the response if a (severe) operational escalation of level four was required. Neil Upson acknowledged that level four was rare but extremely challenging. The senior executive team would take responsibility for deciding actions which could include cancelling non-critical work and operations (after careful consideration was given), making sure all key staff were on-call and all staff briefed. Patients would be appropriately discharged.

In response to Committee comments that it might seem an unseemly rush to get people out of hospital, Neil Upson gave an assurance that people would only be discharged if appropriate and that being in hospital did not fully support people's recovery. Community care was better although there were resources pressures across hospital and community care. The Committee enquired if records were kept of patients discharged who were readmitted not long after. Natalie Davidson, Assistant Director (Resilience Management) explained that data was analysed for patients who returned within thirty days to identify the cause/s and whether early discharge had been a factor. Experienced staff communicating well with patients ensured that readmissions had reduced but there were still resource issues.

In relation to resource pressures, Members enquired if the voluntary and private sectors were called upon. Graham Curry confirmed that St Johns Ambulance was used particularly at peak times such as New Years' Eve. He added that private ambulances did offer a significant but very expensive resource so were not a first port of call.

The Committee enquired about the impact of 'repeat' callers who constantly rang the 999 emergency line. Graham Curry explained that the issue was well known and there were structured processes to manage the issue. Often people had mental health issues or were lonely so situations had to be dealt with sensitively and social services were often involved to offer support. In extreme cases, the police and courts became involved with anti-social behaviour orders imposed.

In response to Members' concerns on ambulance handover times at hospitals, Graham Curry confirmed that the issue was a strain on patients waiting for an ambulance and also volunteer and rapid response crews who needed to wait for experienced paramedics. However, Blackpool's ambulance response and waiting times were better than comparable neighbours. He added that hospitals only admitted people who were genuinely ill so that ensured some demand management.

The Committee noted the report and thanked the health representatives for their efforts.

9 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: STRATEGY, AMBITIONS AND WORK PROGRAMMES

Mr Tim Bennett, Deputy Chief Executive and Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust presented a progress report on the Trust's strategic ambitions, targets and financial position. He explained that the Trust was a large complex entity with a wide range of specialist and community services. Progress reports had been

delivered to the Resilient Communities Scrutiny Committee in November 2015 and February 2016 when that Committee had been responsible for health scrutiny.

The strategy ran from 2015-2020 and aimed to deliver improved long-term clinical and financial sustainability.

Tim Bennett explained that the strategic ambitions had measurable targets to: improve quality of care (reduce mortality rates and improve patient experience); reduce the length of stay for operations; to develop the workforce (improve staff satisfaction and reduce staff turnover); and improve financial robustness.

He highlighted patient care as being the Trust's primary goal. Mortality rates were based on average numbers of 'expected' deaths under normal conditions. The Trust's rates had been as high as 120 expected deaths in previous years and were now down to 114 with a target of 100 in three years. He added that reducing deaths by even small numbers required significant resource effort to improve patient care.

Tim Bennett referred to the aspiration to improve patient experience ('Friends and Family Test') from the current 95.8% satisfaction rate to 98% in three years. He added that good progress had been made.

He referred to the length of stay in hospital patients had for undertaking operations. It was important to consider people's needs carefully from admission to discharge and aim to discharge people in good time. He re-iterated comments made by health colleagues that, other than for emergencies, being in hospital was not the best environment for promoting health and wellbeing; discharging people into community care was better.

Tim Bennett reported that the current length of stay was higher than average at 4.2 days with a target of three days in five years. He explained that the target appeared a modest goal over a long period but it was a significant challenge to reduce length of stays and was a gradual process. Members noted that there were many thousands of different pathways of care for patients and that significant changes would be required particularly at admission stages for emergencies. He added that progress had been slow for elective (planned in advance) care. Complex surgery was often necessary but it was important to aim to get more people coming in just for one day.

He referred to supporting the workforce through improving staff satisfaction and reducing staff turnover. At the start of 2016, the Trust had been using a relatively high proportion of agency staff at a high cost. Agency use had been reduced by focusing more on filling permanent vacancies. Although good progress had been made continuing financial pressures meant that it had been necessary to impose a recruitment freeze (non-clinical staff) and improve 'back office' efficiencies. Clinic vacancies needed to be filled at appropriate times as non-clinical staff were needed to support them but were not currently being recruited.

Tim Bennett reported that the Trust's financial position remained at the same level two risk rating with a target to secure a better level three risk rating in three years. Good

progress had been made and would continue with greater efficiencies in back office functions.

The Chairman enquired what the Trust's current financial position was. Tim Bennett explained that the target was to secure a balanced budget for the end of the current financial year, 2016-2017. He added that a further £22m savings had to be found by the end of March 2016. The NHS Improvement Agency had agreed to contribute £10m for sustainability purposes leaving another £12m to be found which he was confident would be achieved through a range of in-house savings.

Tim Bennett added that winter was the most challenging period with greatest service demand. Precise demand and costs varied depending on the severity of winter. Use of agency staff could also increase during winter. In response to Members concerns on the impact on patients, he gave assurance that patients' needs came first across the Trust.

The Chairman referred to use by the Trust of the Aspire private hospital services at a cost of £9m. He was concerned about the long-term impact on in-house patient services due to use of private care at a high cost. Tim Bennett re-iterated priorities to ensure high quality care and patient satisfaction. However, NHS providers did not have full capacity to meet patient demand so had to consider all options.

Members referred to the high costs of Aspire and that the Trust previously had high levels of reserves which were now at seriously low levels and expressed concern at those in conjunction with the growth in patient demand and the sustainability of the trends going forward. Tim Bennett acknowledged the pressures and that demand had increased for beds in acute wards so it had been necessary to use other options.

The Committee noted that patient satisfaction was currently 95.8% but staff satisfaction was only 69%. Tim Bennett acknowledged that staff satisfaction needed to be improved. Efforts were being made to achieve better staff morale but it was recognised that they worked in a highly pressurised environment.

Members referred to accident and emergency turnaround targets of four hours which were not being met and gave an anecdotal example of a poor stay experienced by a patient but apparently deemed to be a 'normal' experience. As part of supporting accident and emergency, they enquired how long the recruitment freeze for non-clinical staff was projected to last. Tim Bennett explained that a range of initiatives were being pursued across the health and social care sector to reduce demand for acute services and improve efficiencies The recruitment freeze would run until the end of March 2017. He added that example of poor experience being seen as normal was not usual practice and high standards were set and offered to follow up the case if details could be provided.

The Committee agreed to receive an assurance report in spring or summer 2017 on clinical care and financial performance achieved during the winter period (end March 2017).

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10 BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR PERFORMANCE REPORT (APRIL 2016 TO SEPTEMBER 2016)

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group presented the Clinical Commissioning Group's mid-year performance for 2016-2017 (April 2016 - September 2016).

He explained that the Clinical Commissioning Group purchased various services provided by other organisations and so shared performance responsibility. National reporting requirements underpinned by key performance measures covered a range of access to service areas which included referrals from GPs to hospital cancer appointments, time taken to get treatment in accident and emergency wards, access to psychological therapies and ambulance response times to get to incidents.

David Bonson added that NHS England had introduced a new Improvement and Assessment Framework which allowed each clinical commissioning group to be benchmarked against national averages to identify potential good practice and areas needing improvement.

He highlighted areas where performance was below target and needed improving and where good progress had been made.

David Bonson explained that the target for accident and emergency waiting times from arrival to being discharged after treatment was for 95% of patient visits to be achieved within four hours. The mid-year outcome had dropped to under 90%. Accident and emergency waiting times were nationally challenging and winter months had a knock-on impact for the rest of the year with ongoing efforts to regain performance. He added that historically Blackpool rates had been above 95% but recent pressures had been severe.

He referred to performance being below target for securing first appointments for cancer treatment within 62 days of referral from a GP. There were various reasons for delays including patient choice.

The Chairman noted that excellent progress had been made in some areas. He referred to the headline targets of accident and emergency turnaround times for treatment, access to cancer treatment services (first treatment following referral) and the missed target for ambulances responding to all 'red' (serious) incidents within 19 minutes. Immediate life-threatening incidents required faster responses times but those targets were being met. He noted that the three headline targets had been missed the previous year and queried if they had been set too high.

David Bonson agreed that there was a risk of targets not being realistic in view of the same demand pressures and complexities of cases occurring nationally. Particular concerns were delays in accident and emergency having a 'knock-on' impact on other parts of the health system. Most pressures were at the acute services 'front-door' and were being managed but nationally acute services were under extreme pressure. He referred to the £10m funding being given by the NHS Improvement Agency to support the

work, and efficiencies required, of Blackpool Teaching Hospitals. The improvement funding would help alleviate some of the accident and emergency pressures.

The Committee enquired about access to psychological therapies and recovery rates being below target. David Bonson clarified that access rates had improved but full recovery was more challenging in view of the complex conditions people had. Counselling 'talking' therapies were a common support mechanism.

The Committee enquired about the 62 day first cancer treatment (following GP referral) being below target and whether staff shortages were having an impact. David Bonson confirmed that there were no staff issues but that the small number of patients involved meant that figures could easily present a skewed picture. Two delayed cases had been due to patient choice. Another two cases had been referred to Blackpool Teaching Hospitals but the missed target was reported as belonging to Blackpool as the end service provider.

In response to questions, Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group was able to confirm that he was not aware of any proposed tendering of local health services to be run by the private sector.

The Committee agreed:

1. That future performance reports should contain actual numbers and percentages for proper context as well as explanatory commentary.
2. For the next performance report to include patient satisfaction data, quality of care figures and financial budget monitoring.

11 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 22 March 2017 commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended 7.30pm)

Any queries regarding these minutes, please contact:
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