

Blackpool Council

25 June 2019

To: Councillors D Coleman, Hobson, Hunter, Hutton, Matthews, O'Hara, D Scott, Mrs Scott and Wing

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Wednesday, 3 July 2019 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 13 FEBRUARY 2019 (Pages 1 - 8)

To agree the minutes of the last meeting held on 13 February 2019 as a true and correct record.

3 PUBLIC SPEAKING

To consider any applications from members of the public to speak at the meeting.

4 EXECUTIVE DECISIONS (Pages 9 - 14)

To consider the Cabinet Member decision taken within the remit of the Adult Social Care and Health Scrutiny Committee since the previous meeting.

5 WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW (Pages 15 - 34)

To update the Committee on the implementation of the recommendations made by the Committee following the final report and recommendations of the Whole System Transfers of Care Scrutiny Review.

6 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: PATIENT SAFETY (Pages 35 - 38)

To update the Committee on the actions taken to ensure patient safety within Blackpool Teaching Hospitals NHS Foundation Trust.

7 BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR PERFORMANCE (Pages 39 - 62)

To consider the end of year performance for Blackpool Clinical Commissioning Group (BCCG) (April 2018 – March 2019) and to review the outstanding performance related recommendations for the Fylde Coast system following the Adult Social Care and Health Scrutiny Committee meeting on 28 November 2018.

8 SCRUTINY COMMITTEE WORK PROGRAMME (Pages 63 - 78)

To review the work of the Committee, the implementation of recommendations and review scoping documents requiring approval as required.

9 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Wednesday, 16 October 2019, commencing at 6pm in Committee Room A.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477213, e-mail sharon.davis@blackpool.gov.uk

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Public Document Pack Agenda Item 2

MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 13 FEBRUARY 2019

Present:

Councillor Hobson (in the Chair)

Councillors

Callow

Mrs Callow JP

Humphreys

Hutton

O'Hara

Mrs Scott

L Williams

In Attendance:

Dr Arif Rajpura, Director of Public Health

Ms Karen Smith, Director of Adult Services

Ms Nicky Dennison, Senior Public Health Practitioner

Ms Judith Mills, Consultant in Public Health

Ms Lisa Arnold, Leisure Services Manager

Mrs Sharon Davis, Scrutiny Manager

Ms Sheralee Turner-Birchall, Engagement Lead, Healthwatch Blackpool

Ms Jeannie Harrop, Head of Primary and Community Care Design, Blackpool Clinical Commissioning Group

Ms Jeannie Hayhurst, Clinical Project Manager, Blackpool Clinical Commissioning Group

Mr Dave Rigby, Sector Manager West, North West Ambulance Service (NWAS)

Mr Mark Lewis, Operations Manager, NWAS

Mr Simon McCrory, Patient and Relationship Manager, NWAS

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 24 JANUARY 2019

The Committee agreed that the minutes of the meeting held on 24 January 2019, be signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

The Committee noted that there had been no applications from members of the public to speak at the meeting.

4 ADULT SOCIAL CARE - SAFEGUARDING LOCAL GOVERNMENT OMBUDSMAN FINDINGS

Ms Karen Smith, Director of Adult Services presented the report of the Local Government Ombudsman to the Committee and highlighted the key findings of the Ombudsman and the actions already taken by the Council to address the concerns raised.

Members enquired if Ms Smith was confident that a similar incident would not happen again following the measures put in place. In response, Ms Smith advised that she could not guarantee that there would be no further incidents but that she was satisfied that the

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arrangements put in place around risk assessments and quality monitoring would alleviate the risks of further incidents as much as possible.

The Committee raised concerns regarding the severity of the case and the impact of the incident on the patient. Specific concerns were raised regarding the delays in the safeguarding process and the action taken to ensure similar delays would not continue to be experienced. In response, Ms Smith advised that a key component of the delay had been staff absence, she reported that measures had been put in place to ensure that during staff absence managers were fully aware of the stage of each case. In relation to the failure to consider all information during the safeguarding process, Ms Smith advised that a set of notes had been dismissed and read as they should have been. In order to address the failure, all safeguarding leads had met and discussed the learning from the case.

With regards to the transfer of information from the care at home staff to the paramedics that attended, Ms Smith advised that the handover of appropriate information was a challenge. Mr Dave Rigby, Sector Manager West, North West Ambulance Service (NWAS) supported the view of Ms Smith that it could be difficult to appropriately prioritise the information disseminated and provide a summary of the right information in a pressurised environment.

Ms Smith further highlighted that it was important for a carer to get to know the patient they were caring for and that care plans were utilised for that purpose. She added that care plans had been reviewed to ensure the key information relating to a patient was featured more prominently in the plan.

In relation to risk assessments, it was reported that the Care Quality Commission considered assessments as part of its inspection process and that Quality Monitoring Officers from Adult Services had been auditing risk assessments to ensure sufficient content and quality following the judgement of the Ombudsman.

In response to a question, Ms Smith advised that there had been no other similar incidents of the severity of the case being considered. She added that incidents of harm were often reported due to the nature of the work and that a learning approach would be taken to the consideration of all reports.

5 HEALTHWATCH PROGRESS REPORT 2019/2020

Ms Sheralee Turner-Birchall, Engagement Lead, Healthwatch Blackpool reported on the key areas of work undertaken by Healthwatch Blackpool over the previous 12 months and the contents of the workplan. She highlighted that the contract for Healthwatch Blackpool from May 2019 was currently out to tender with bids being invited.

Members noted that Healthwatch in Blackpool had been operated by four different organisations over the five previous years and were concerned with the stability and consistency being offered to both potential providers and also to those wishing to interact with Healthwatch. It was further noted that the Council was seeking to award the new contract for one year plus a potential further one year. Dr Arif Rajpura, Director of Public Health agreed to feedback the comments of the Committee to the Council's

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Commissioners to see if the contract could be awarded for a period of more than one year to allow for more consistency in provision. He would report back to the Committee in due course.

The Committee discussed the work of Healthwatch in detail and noted the 'enter and view' exercise carried out in GP Surgeries and the previous work at The Harbour. Consideration was also given to the number of volunteers and it was noted that Healthwatch currently had five volunteers and was looking to increase the number to 15. It was suggested that Healthwatch consider making links to the thematic Health Services Citizen's Panel.

In response to a question, Ms Turner-Birchall advised that key concerns included ensuring the voice of the patient was heard. She reported that Healthwatch regularly asked service users and families who they had reported their experience to prior to speaking with Healthwatch and more often than not they had not previously reported their concerns highlighting that the service users voice was not being captured sufficiently.

The Committee agreed to forward their comments regarding the length of the Healthwatch contract to relevant Council officers for consideration.

6 NORTH WEST AMBULANCE SERVICE PERFORMANCE REPORT

Mr Dave Rigby, Sector Manager West, North West Ambulance Service (NWAS) provided an overview of the current performance of the Service and the key ongoing projects including the likely extension of the night Safe Haven, the successful pilot of the Psynergy vehicle and the work ongoing to reduce hospital handover times.

Members shared positive recent experiences of NWAS and queried if the delays caused by waiting for information on patients from GP Surgeries were an area of concern. In response, Mr Simon McCrory, Patient and Relationship Manager, NWAS reported that a robust system was in place to protect patients. Part of the robust system involved ensuring that the emergency department was the right place for the patient rather than other community options. In order to acquire enough information to make a judgement, the ambulance crew might wish to gather information from various sources including GPs. NWAS had a service level agreement with GPs for this purpose. It was reported that the delays in accessing information were not excessive and were more likely to prevent delays at the emergency department and reduce overall ambulance turnaround times and most importantly ensure the patient was treated in the best possible way.

In response to questions, it was noted that the ambulance service had robust systems in place for re-categorising calls either to upgrade or downgrade the call. It was also noted that there were strict regulations regarding the use of 'blue lights'.

The Committee discussed the response speed in detail and noted that performance of the most serious Category 1 calls was the best in the North West and only 31 seconds outside the mean target. To qualify the performance data, it was reported that the quickest a Category 1 call from Preesall or Knott End could be responded to was 20 minutes. In addition, the representatives from NWAS highlighted the importance of providing a quality service that was based on more than just response time.

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The Committee went on to discuss the Psynergy vehicle in more detail and it was noted that the pilot would run until the end of March 2019. It was hoped that the success of the pilot could be evidenced to ensure its continued funding. The success of the vehicle was attributed in some part to the wide range of ways in which the service could be deployed and the unique skill set of the professionals on the unmarked vehicle. Mr Mark Lewis, Operations Manager, NWAS reported that a key success was the reduction in the number of mental health patients at accident and emergency and noted that the patient journey was being considered in order to ensure services users were satisfied with the service.

Members concluded the item by focussing on the quality of care and the clinical outcomes of patients and the representatives from NWAS highlighted that the quality of care provided to patients was a key focus and performance in that area was monitored.

7 HEALTHY WEIGHT UPDATE

Dr Arif Rajpura, Director of Public Health introduced the item on Healthy Weight highlighting that the report had been produced collaboratively with colleagues from Blackpool Clinical Commissioning Group, Blackpool Teaching Hospitals Foundation Trust and Blackpool Council's Leisure Services. In order to achieve an impact on weight it was imperative that services worked together.

It was reported that Blackpool Council had become the first local authority to sign up to the Declaration on Healthy Weight in 2016. The number of reception aged children overweight or obese had continued to rise, however, a small decrease had been achieved in the number of Year 6 pupils who were overweight or obese. Numbers of obese adults continued to increase. Ms Nicky Dennison, Senior Public Health Practitioner, added that the work ongoing in Blackpool was being recognised nationally and had received a number of accolades.

The Committee noted that there were a large number of schemes and projects in place to target healthy weight and queried how the impact of each scheme was measured. Dr Rajpura advised that each scheme had a set of performance indicators to manage performance and were evaluated to determine if value for money was being achieved. It was reported that healthy weight was sometimes not the primary aim of a project, but could be a secondary benefit such as GULP, the project to reduce the level of sugary drinks consumed by young people with the primary aim of improving dental care. It was further noted that many projects were being considered as long term and instant results were not expected.

Ms Jeannie Harrop, Head of Primary and Community Care Design, Blackpool Clinical Commissioning Group reported that healthy weight featured prominently in the new NHS 10 year plan and that the focus of service provision had reacted to new understanding of reasons of obesity.

Members noted the proposals in the new Local Plan to limit the number of new fast food outlets, but also recognised that supermarkets offering deals on unhealthy food and the number of existing outlets also needed to be addressed. It was considered that the inclusion in the local plan would provide an evidence base for refusing applications and

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make an appeal more difficult. Ms Dennison advised that once a premises had been granted planning consent it could not currently be revoked and that she was petitioning nationally to bring about a legislative change that would allow for revocation.

In response to questions, Ms Lisa Arnold, Leisure Services Manager advised that the project 'Man v Fat' was a very specific challenge funded by Sport England. The first 16 weeks were free to participants and they could choose to continue to participate and self-fund for subsequent 16 week periods. She reported that the initial signs of the scheme appeared to be successful and that participants often chose to pursue other activities following completion of the man v fat challenge.

The Committee discussed the weighing of children in schools and the letters sent out to parents of children who had been measured to be overweight or obese. Concern was raised that the letters had a negative effect on parents and did not communicate the issues in the correct manner. The Committee requested that attendees at the meeting give consideration to the process and the wording of the letters sent and report back to the Committee at its next meeting with a new draft of the letter.

Members went on to consider the information provided on the number of patients receiving bariatric surgery, noting the low number. In response, Ms Jeannie Hayhurst, Blackpool Clinical Commissioning Group advised that bariatric surgery was a complex and serious procedure and was a last resort. The low number of patients having the surgery demonstrated that other, less invasive interventions had been successful.

The Chairman concluded the item by highlighting the significant level of work ongoing around healthy weight and the importance of the topic in Blackpool. The Committee agreed to add an in depth review of healthy weight to the workplan for the new Municipal Year.

The Committee agreed:

1. That attendees at the meeting give consideration to the process and the wording of the letters sent and report back to the Committee at its next meeting with a new draft of the letter.
2. To add an in depth review of health weight to the Committee's workplan for the new Municipal Year.

8 SUICIDE PREVENTION UPDATE

Dr Arif Rajpura, Director of Public Health highlighted the tragedy of every suicide and the high toll on the people left behind. He highlighted that there were a number of risk factors that made suicide more likely including social isolation, use of drugs and alcohol, an existing mental health condition and that middle aged men were also more likely to take their own lives.

Ms Judith Mills, Consultant in Public Health reported that the Committee had previously resolved that a zero target for suicide should be adopted and that after detailed consideration by partners it had been agreed that Blackpool would sign up to the Zero Suicide Alliance as part of the Lancashire and South Cumbria Integrated Care System. An application had been made and submitted to that effect.

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Members noted that some suicides occurred without prior warning and queried what could be done to prevent such an unpredictable incident. Ms Mills referred to the at risk groups and identification of appropriate support for people in those groups. She also referred to the success of signage installed at places known to be used to commit suicide such as motorway bridges.

It was noted that the highest cause of death amongst young men was suicide and queried if any specific projects had been aimed at that group. Ms Mills reported that work was ongoing through Head Start with colleges and schools to build resilience amongst pupils. She added that there was a good system in place to support young people who attended accident and emergency in emotional crisis.

The Committee cited previous discussions held with partners regarding mental health community service provision and queried the impact on suicide rates. Mr Paul Lumsdon, Director of Nursing and Quality, Lancashire Care Foundation Trust (LCFT) reported that if a person was in contact with LCFT, data demonstrated that they were less likely to commit suicide in comparison to other Trusts. He reported that at risk groups were identified and considered when assessing patients. Following discharge from acute services, LCFT undertook a seven day follow up. He added that the key concern was in regard to people that were not in contact with patients and how to access them.

Reference was also made to universal campaigns such as 'Get Vocal', which was aimed at encouraging people to voice their concerns, connect with people, live in the moment and be active. Dr Rajpura added that joint work with LCFT was being carried out on dual diagnosis of drugs and alcohol misuse and mental health problems in order to provide the right care at the right time to patients.

9 SCRUTINY WORKPLAN

The Committee considered its workplan and agreed to add in consideration of the outcomes of the Psynergy pilot for June/July 2019. It was noted that workplanning for the Committee would take place in the new Municipal Year.

Members also requested if Suicide Awareness training could be provided and the Chairman advised that he would take the request to the Members Training Panel.

The Committee agreed:

1. To note the workplan.
2. To add in consideration of the outcomes of the Psynergy pilot to the workplan.
3. That the Chairman request that consideration be given to providing suicide awareness training for all Members.

10 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as 3 July 2019, commencing at 6.00pm, subject to confirmation at Annual Council.

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Chairman

(The meeting ended at 8.11 pm)

Any queries regarding these minutes, please contact:

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting	3 July 2019

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

1.1 To consider the Cabinet Member decision taken within the remit of the Adult Social Care and Health Scrutiny Committee since the previous meeting.

2.0 Recommendation:

2.1 Members will have the opportunity to question the relevant Cabinet Member in relation to the decision taken.

3.0 Reasons for recommendation(s):

3.1 To ensure that the opportunity is given for all Executive and Cabinet Member decisions to be scrutinised and held to account.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

5.1 Attached at the appendix to this report is a summary of the decision taken, which has been

circulated to Members previously.

5.2 This report is presented to ensure Members are provided with a timely update on the decisions taken by the Executive and Cabinet Members. It provides a process where the Committee can raise questions and a response be provided.

5.3 Members are encouraged to seek updates on decisions and will have the opportunity to raise any issues.

6.0 Witnesses/representatives

6.1 The following Cabinet Member is responsible for the decision taken in this report and has been invited to attend the meeting:

- Councillor Lynn Williams, Cabinet Member for Adult Social Care and Health

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 4(a): Summary of Executive and Cabinet Member decision taken.

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None.

9.0 Equalities considerations:

9.1 None.

10.0 Financial considerations:

10.1 None.

11.0 Risk management considerations:

11.1 None.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
<p>The Cabinet Member agreed the recommendation as outlined above namely:</p> <p>To agree the proposed changes to the charging arrangements as detailed in the accompanying fees and charges schedules at Appendix A to the Executive report with effect from 1 April 2019 to 31 March 2020.</p>	<p>To recognise the increasing cost of providing services as a result of increases in the National Living Wage, the continued implementation of an automatic pension enrolment scheme and other inflationary factors.</p> <p>To ensure the continued generation of income from assessed charges in order to support the provision of non-residential and residential care services in the context of reduced government funding.</p> <p>To continue to comply with the requirements of the Care Act 2014 and the statutory guidance issued by the Department of Health and Social Care.</p>	PH15/2019	15 February 2019	Councillor Lynn Williams, Cabinet Member for Adult Social Care and Health (Decision taken by Councillor Amy Cross)

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Berenice Groves and Kevin McGee, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting	3 July 2019

WHOLE SYSTEM TRANSFERS OF CARE PROGRESS UPDATE

1.0 Purpose of the report:

1.1 To update the Committee on the implementation of the recommendations made by the Committee following the final report and recommendations of the Whole System Transfers of Care Scrutiny Review.

2.0 Recommendation(s):

2.1 To determine whether the Committee is satisfied with progress in regards to the recommendations of the review, signing off any recommendations where appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is apprised of the progress with regards to implementation of the recommendations and the impacts.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? N/A

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Context

Following the Whole System Transfers of Care Scrutiny Review meeting held 10 October 2018 a report was received which outlined a summary of the discussions and ten improvement recommendations for consideration by the Fylde Coast system. The report was formally approved at the Blackpool Council Executive meeting and cascaded to Fylde Coast system colleagues on 26 February 2019. The Integrated Care Partnership (ICP) was formally requested to respond to the recommendations within 28 days of receipt of the report. The report was reviewed with system partners via the Accident and Emergency Delivery Board and as part of the discussions in the Integrated Care Partnership Urgent and Emergency Care steering group and an agreed initial response was submitted back to the Committee on 27 March 2019 (*please see appendix 5(a) for a copy of the response*). It was however acknowledged that additional work was required in order to complete the agreed recommendations therefore these would be completed between March and June 2019 with a formal paper detailing progress submitted to the July Adult Social Care and Health Scrutiny Committee.

Representation from providers and commissioners will attend the meeting 3 July 2019 should any further clarification be required.

Recommendation 1 –

That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.

Update

Blackpool Teaching Hospitals (BTH) has implemented for the Emergency Department (ED) the same policy that is followed on all wards. This includes raising awareness with the public, patients and carers regarding why it is important to restrict the number of people attending the ED with the patient who requires care. Information has been added to the Trust Website conveying this message and a poster developed by patient focused groups is also displayed.

It is acknowledged that when patients are attending the ED it can be a traumatic time and there may be some resistance, staff also who are extremely busy within the department may find discussions such as enforcing these restrictions challenging therefore it is important that the staff are supported by managerial teams to assist with the implementation. There will be autonomy to flex in order to meet specific

needs of individual patients and families sensitively.

<https://www.bfwh.nhs.uk/our-services/hospital-services/emergency-department/when-to-visit/>

<https://www.bfwh.nhs.uk/patients-and-visitors/>

Recommendation 2 –

That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.

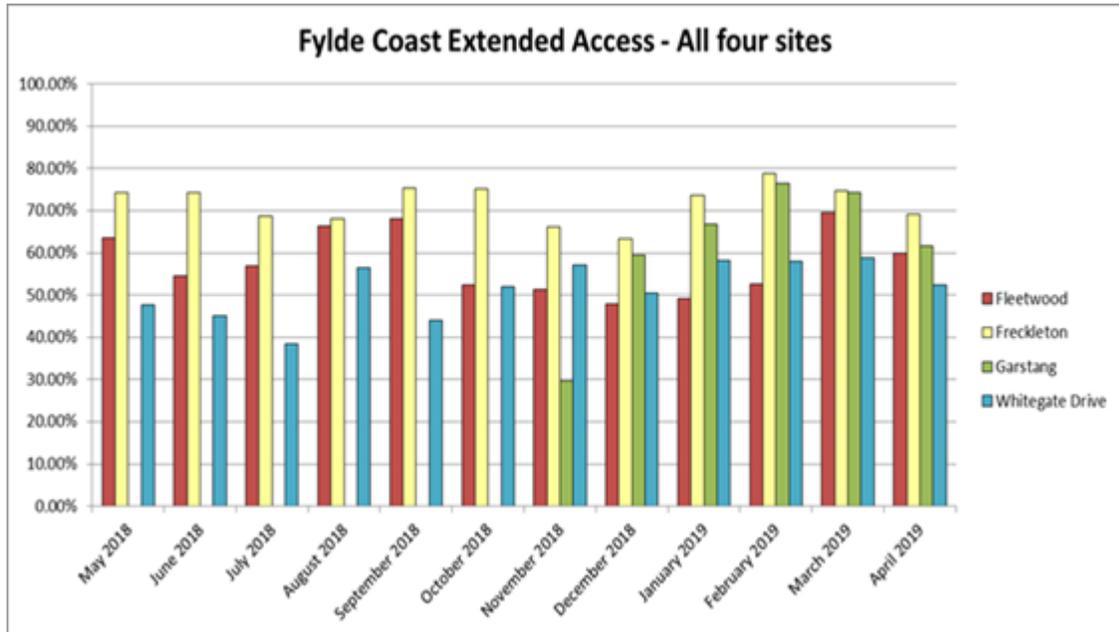
Update

As requested a review was undertaken between October 2018 and June 2019, this identified that there was improved take up of the appointments offered. The following actions were implemented to improve use of appointments as part of the winter plans for Primary Care.

- All practice receptionists were trained to provide care navigation advice to patients, including offering Extended Access appointments where appropriate.
- Fylde Coast Clinical Commissioning Groups (FC CCGs) have included a mandate within the GP Enhanced Contract for practices to encourage patients to utilise the service with a script developed for practice use.
- The service was and continues to be promoted via:
 - Practice TV Screens
 - Practice Manager Forums
 - Practice Nurse Forums
 - Patient Participation
 - Group Chairs
 - Leaflets- an A5 postcard was produced, printed and distributed via a third party distribution company to 139,980 homes with an FY postcode. This distribution covered every home in Blackpool, Lytham, St Annes, Fleetwood, Cleveleys, Poulton and Thornton and some of the rural areas. The delivery of the postcards took place on 11.1.19 and was promoted via a press release <https://www.fyldecoastccgs.nhs.uk/2019/01/nhs-service-information-coming-through-your-door/>
 - The front side of the postcard displayed an advert for the FYi directory along with details of the NHS and the link to our web site. The cost for the mail drop was approx. £18,795.
 - Newspaper double page spreads within every paper on the Fylde Coast There were two full page ads: one in mid-October and one end of November.
 - The CCGs commissioned an additional telephone number 01253 9522950 to be available for patients to book and cancel appointments during the Extended Access opening hours

Additional provision has also been commissioned to be delivered from Garstang Medical Centre each Saturday due to boundary changes this delivered an extra 13 hours of availability for appointments.

The table below shows the take up of extended access appointments.



Recommendation 3 –

Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges from hospital and report back to the Adult Social Care and Health Scrutiny Committee with the reasons for pharmacy delays and a course of action to address those delays at the Committee meeting in July 2019.

Update

Patients often believe that the delays experienced waiting for medications to arrive on the ward which then permits them to be discharged is due to challenges experienced within the pharmacy department. Previously this was the case on many wards however a number of actions have been taken in order to improve the response we expect for our patients.

1. There has been an introduction of ward based teams on 12 wards within the medical division who operate a Pharmacy led discharge process. This team support a more stream lined process, carrying out many actions which would have previously waited for already busy junior doctors to complete.
2. There are three satellite pharmacies in addition to the main dispensary which ward based teams operate from and operate a dispensing for discharge

system whereby there is a preparation for discharge at the beginning of the patients' journey.

3. The Pharmacy department monitor the turnaround time of discharges through the dispensary on the ward tracker. The average turnaround time for discharges through the dispensary May 2019 was 90 minutes. (Receipt in Pharmacy to final check)
4. Omnicell is in place in some areas such as the Emergency Department, it offers innovative medication management products and medical supply inventory systems that enable us to better serve patients. This includes distributing medications across the hospital and post-acute care to supporting medication adherence for patients at home. We are exploring if this system will benefit our patients journey and safety within the acute trust.

It is acknowledged that delays do occur when there are errors or queries on discharge letters and the teams await prescribers to clarify. This has been previously audited (excluding the wards with pharmacy led team) and identified approximately 40% of discharges written contained one or more errors. In light of this finding several improvements have been put in place. There are a few areas within the Trust without a one stop system, ward based teams or a satellite pharmacy, notably women's and children, inevitably discharges may be delayed here, and however, priority is given to discharges wherever possible through the main dispensary.

Implementation of a Pharmacy led discharge service across further wards is being looked at to assist with discharge. The aims of the service are to:

- Reduce the time between identifying patient fit for discharge and completion of the discharge prescription.
- Reduce the time spent clarifying prescriptions.
- Reduce the pharmacy processing time.
- A timely planned service leading to a reduction in the likelihood of patients discharges being delayed or occurring late in the day which causes transport issues
- Less stress for all. (Patient, Nurses, Medical Staff and Pharmacists)

There has also been a recent trial using pharmacists as part of a multi-disciplinary team who focus on discharges at weekends in order to reduce the delays which have been identified. There is further work and investment required. Once an Electronic prescribing and medicines administration system (EPMA) is adopted this will massively reduce delays and improve the number of errors. A bid has been submitted to NHS X (Digital) for funding to allow the Trust to implement.

Recommendation 4 –

That Blackpool Teaching Hospitals NHS Foundation Trust identify ways to offer facilitated parking for discharge staff (either Council or NHS), to report back at the

meeting in July 2019.

Action complete.

BTH Trust staff have facilitated parking arrangements in two ways:

1. Permits have been allocated to four staff members from Blackpool Council; these are the staff that carry out the assessments for patients on 'Discharge to Assess' pathways. They operate between BTH site and patient's homes therefore not being able to park easily would affect the time they are able to carry out their role.
2. Via a token exchange system for staff that are covering shifts at short notice, additional staff that provided increased social worker capacity over the winter period, as there is a shortage of available staff this is a small incentive to ensure we do cover all shifts.

The Trust does however need to be cognisant of the fact that available staff parking bays are in short supply, over 300 staff members are waiting for access to a parking bay. Also we need to protect parking areas for our patients and visitors to ensure they have access. A piece of work is required to identify if further capacity can be sought close to the BTH site, appreciating that funding will be required.

Recommendation 5 –

That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they are efficient, effective and to identify if any parts of the processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019

Update

There have already been several pieces of work that are addressing performance around patients' length of stay and discharge processes followed. It is however recognised as flow has been managed across a busy winter period all of the flows across the discharge pathway have not as yet been mapped. The Trust is confident once this piece of work is completed it will highlight several areas for improvement. The Emergency Care Intensive Support Team is supporting the Trust currently and this is one of their key actions.

A piece of work with Midlands and Lancashire Commissioning Support Unit has also been commissioned around 'reducing bed day's programme'. This is not about closing beds but ensuring resources are being used efficiently.

The following services are in place to improve Length of Stay (LoS) and discharge:

Embedding a 'Discharge to Assess pathway' (D2A):-

The D2A model enables patients who are medically fit for discharge the opportunity to be discharged earlier from the acute inpatient wards by organising their assessments in the community. Patients on the D2A pathway are assessed and discharged faster and are as a result, at less risk of developing complications or becoming more debilitated following an acute admission to hospital. For frail and elderly patients, it is well documented that this can include the loss of mobility, dexterity and cognitive function, all of which decline rapidly following admission to hospital, along with increased risk of falls and infection.

There is in place a NHS England target that no more than 15% of Continuing Health Care assessments are undertaken in the trust. Blackpool CCG is well below this target, in April 19 that figure stood at 3%. Outcomes of patients are being monitored.

Winter pilot of a non-weight bearing pathway (NWBP):-

This pathway was developed using winter monies to allow for a reduction in LoS for NWBP. Often following an accident or surgery due to an accident patients are expected to non-weight bear for up to six weeks. These patients however are fit and well otherwise, many acute trusts manage these patients in an acute bed. The system decided to explore alternatives in order to free up capacity in the acute trust and provide patients with a more homely environment in order to recover. The pathway ensured that identified patients had a wraparound care pathway which allowed them to be cared for in a Nursing home whilst being a NWBP.

From November 2018 to February 2019, six patients were treated on this pathway ensuring a saving of 181 bed days and an improved patient experience.

Learning from the evaluation of this pathway we have now agreed that non-weight bearing patients' ongoing care will now be provided either in Clifton community hospital or the Arc Intermediate Care/ Nursing service with wraparound therapies to ensure rehabilitation continues.

Discharge facilitation :-

BCCG Commissioning Manager was seconded to the trust for a year to develop the role of Discharge Facilitator. The funding for these posts is temporary however it has proven extremely beneficial in supporting the wards with complex discharges, they assist the ward managers in chasing actions, updating required information, ensuring referrals have been completed and sent correctly, chasing packages of care – where delays identified negotiating with families to support or alternative community support. They facilitate actions required to support a reduction in LoS specifically around stranded and super stranded patients.

'Home First'

Home First is an ethos or principle required to be shared with patients, families and carers, it is about encouraging independence, providing care in a person's home and reducing the reliance on nursing and residential care. Imagine leaving your home and never returning to it again. Imagine someone tells you that you are moving house tomorrow and you have no control over where you are moving to and how much it will cost. This is what we do to thousands of older people every year across our system. Many older people are admitted to hospital with a mild to moderate illness on top of any pre-existing conditions. Judgements are made about how the person will manage when they return home based on perceptions about the person after the effects of a stay in hospital, often prolonged. They are assessed in an environment that is alien and confusing. In trying to do what is believed to be the best to keep people safe services have become risk averse on their behalf and paternalistic in a way that would not be acceptable if we were talking about a child. The principle 'Home is Best' has therefore been adopted.

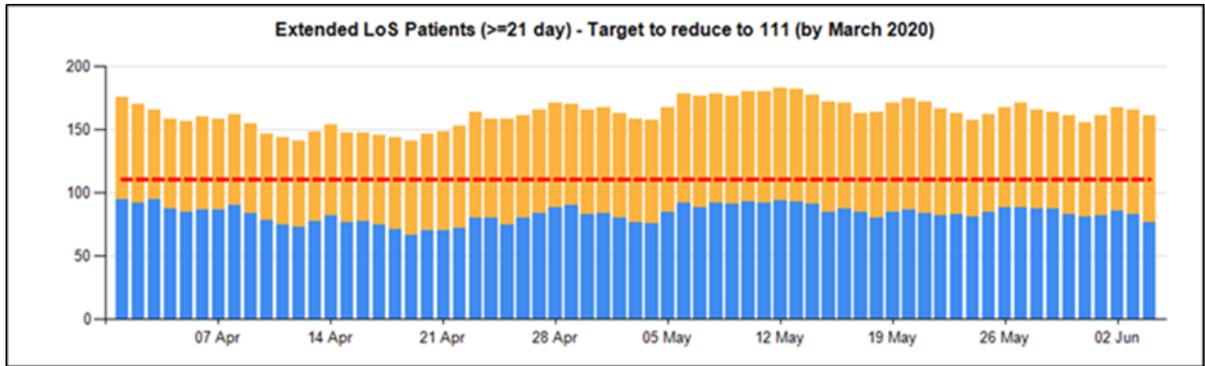
In order to implement this initiative to include some safety measures, the Red Cross takes the patient home and they are met at the door of their house by a therapist who is part of the Early Supported Discharge team. The patient is then assessed in their own environment to see how they cope with such activities as cooking, personal hygiene and going up or down stairs. Adaptions may be required, additional equipment or some short term care. This is organised around the patients' real requirements.

- For the period covering 1 October 2018 until 17 May 2019, 174 patients have gone home through the Home First pathway.
- Of those, 7.5% (13 individuals) have returned to BVH or Clifton Hospital following their two hour review as it was felt by all professionals involved that further care was required within a more formal setting e.g. : Clifton Hospital
- The distribution of these patients by origin and local authority is:
 - 86% from BVH, 14% from Clifton
 - 44% Blackpool Council.

The pathway continues and is evaluated on an ongoing basis with regard to possible expansion of the scheme to allow more patients to be supported at home.

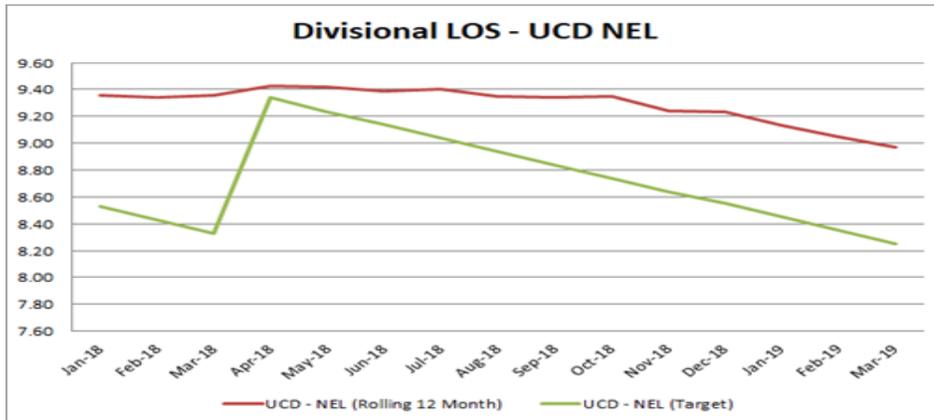
Long stay reviews

For extended length of stay patients (those with a LoS ≥ 21 days) a target has been set for 2019/2020 to reduce these patients by 40% across our Acute and Rehab beds (including Clifton). A number of actions have already been implemented including a deep dive into each patient's pathway once a week to determine if any requirements can be expedited. This work requires system input as affects all providers.



SAFER care model

This model has been implemented on many wards with varying success. It requires strong clinical engagement, ward manager leadership, all board rounds completed by 9.30am with multi-disciplinary team input and challenge, planning for discharge from day of admission, daily medical review of patients. As a result of this work unscheduled care divisional length of stay is reducing, starting point January 2018 (9.36days) to April 2019 (8.89days), whilst this is a slow reduction this does continue to improve. The key focus being the value of the patients’ time.



Recommendation 6 –

That Blackpool Teaching Hospitals NHS Foundation Trust work to improve relationships and communications with care homes. To report back to the Committee meeting in July 2019.

Update

The Executive Director of Unscheduled Care (BTH) has been invited to attend both Blackpool and Lancashire Care Home Provider Forums. Attendance at Blackpool Forum has been difficult as it clashes with the ICP Urgent and Emergency Care Steering Group therefore a meeting with the Chair has been organised, the aims of

these meetings are to:

- to improve communications,
- discuss future relationships
- raise awareness of key issues
- new developments such; nutrition and hydration; medication reviews via funded pharmacists;
- the introduction of NHS net email to improve communication/allow immediate transfer of discharge letters;
- rehabilitation and reablement input into care homes from community staff, to support earlier discharge and end of life care and dementia care

The care homes have raised similar issues with discharge processes, feeling that they are pressured into taking their residents back before they are ready to return, access to information about the hospital stay, discharges taking place too late in the day when staffing is reduced. It is hoped that some of the initiatives detailed above will assist in addressing some of the concerns above. However work will continue with the homes and aim to get them support in home first.

All systems are encouraging a trusted assessor model to reduce the number of assessments required. Whilst confidence is being built a trusted assessor role is being implemented. This is being led by Blackpool Council and the Trust awaits this person being in post.

Recommendation 7 ,8 and 10 relate to communication and marketing

Recommendation 7 -

That all partners use social media to send out alerts relating to accident and emergency waiting times, walk in centre waiting times and available GP appointments on a day. Each partner organisation to assist the others in disseminating the information.

Recommendation 8 –

That Blackpool Teaching Hospitals NHS Foundation Trust install signage at an appropriate point prior to the car park entrance alerting people to current waiting times.

Recommendation 10 –

That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.

Update

Fylde Coast CCGs and BTH communication teams continue to work alongside the council's communication team and agree to a joint approach to using social media more proactively, for example extended access appointments.

Social media to spread A and E waiting times.

This has potential implications and requires further discussions. Across the country there are examples where this has been implemented and others who have refrained as concerned that someone with a real emergency may not enter if encouraged to use an alternative.

To note the following:

- The NHS and Public Health England have introduced a new campaign – “Help Us, Help You” – to help make it easier for the public to understand the things they can do to manage their own health and get the best out of the NHS <https://www.fyldecoastccgs.nhs.uk/2019/03/helpushelpyou>
- Waiting time is dependent on severity. Someone with a life-threatening condition will be seen much quicker than someone with a minor injury. Saying the waiting time is X is not representative of the time someone might be waiting.
- Saying waiting time is four hours (or even saying it's very busy) could / does put people off going to A and E when they really need to be there.
- Saying waiting time is only short could encourage people to go to A and E instead of using other services.

Both CCG and Trust communication will implement the above if that is the request of the Committee.

Signage

The communications team uses all resources available to them including screens in GP waiting rooms and those in libraries and sports centres. Other signs usage such as bus shelters have a cost impact (approx. £20,000) joint organisational working with the councils have agreed to access them if there is a budget available to do so and if they are deemed to be the most appropriate communications method.

Colleagues within the Trust are in discussion with Royal Lancashire Infirmary to access the impact of their signage at the Front of ED discussing waiting times. Dependant on the outcome of this discussion it is felt that the Trust could support this recommendation

As part of the joint system winter planning communications campaign, requests were made to use the electronic signage around the town, suggesting messages could be tailored so they remained relevant to the traffic management and parking that the

signs are intended for. However this was not possible as such signs are reserved for traffic and parking information only and no other messages are permitted. CCG communications leads are exploring ways to share key messages in a more year round proactive way, support from Blackpool Adult Social Care and Health Scrutiny Committee alongside all partners is welcomed.

Although the joint communication plan is not yet finished discussion are ongoing between both organisations. There is a robust two way communication process around each other of social media activity.

For consideration

Recommendation 9 –

That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately

Update

The Trust is exploring how patients could be supported with the first 30 minutes of parking being free. This process is at present being worked through with a hope it will go live after summer 2019.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 5(a): Whole System Transfers of Care – initial response to the recommendations, March 2019.

8.0 Legal considerations:

8.1 Not applicable

9.0 Human resources considerations:

9.1 Not applicable

10.0 Equalities considerations:

10.1 Not applicable

11.0 Financial considerations:

11.1 No additional comments outside of the above.

12.0 Risk management considerations:

12.1 Not applicable

13.0 Ethical considerations:

13.1 Not applicable

14.0 Internal/external consultation undertaken:

14.1 Not applicable

15.0 Background papers:

15.1 Not applicable

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Blackpool Adult Social Care and Health Scrutiny Committee

Whole System Transfers of Care Scrutiny Review Final Report – published 26 February 2019

I. Context

Following receipt of the report from the Committee on 26 February 2019, we are formally requested to provide an initial response to the recommendations outlined within the report by 26 March 2019, with a view that a full update regarding implementation and progress be provided at the Committee meeting in July 2019.

Please find below the collective response from the partner organisations involved within this review, which has been discussed and agreed at relevant leadership forums/meetings across the Fylde Coast.

II. Report content – confirmation of any inaccuracies

Some recommendations within the report refer to Blackpool Clinical Commissioning Group, however given the collaborative approach it is suggested that these actions this should read Fylde Coast Clinical Commissioning Groups.

III. Response to the recommendations

Within the report there are ten suggested recommendations. We have detailed our response to each recommendation as below. It is also worth noting that a preliminary review of wider winter performance will take place on Friday 5th April 2019, with a final evaluation and recommendations phased to complete during April – June 2019.

	Recommendation	Decision	Rationale	Forward action
1.	That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.	Agreed	Alongside the stated benefits within the recommendation, this policy also links to the aims of the Trusts infection control policy, particularly norovirus and flu.	This is an ongoing piece of work and it is anticipated it will be fully implemented by June 2019. It is acknowledged that its success is dependent on support from patients and their families, who have on occasions been resistant to such restrictions. Blackpool Teaching Hospitals (BTH) will put in place in the Emergency Department the same policy and awareness raising that is followed on wards. Staff will be supported to implement the policy as effectively as possible, with autonomy to flex in order to meet specific needs of individual patients and families sensitively.
2.	That Blackpool Clinical Commissioning Group review extended access appointments to	Agreed	A National review of Extended Access Services is planned	Undertaken between October 2018 to January 2019: All practice receptionists trained to

	look at usage, the reasons why the service is not more widely used and how to improve use of appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.		for 2019, with a more coherent set of access arrangements being implemented in 2020 and delivered at Primary Care Network Level. Funding and responsibility for providing the current CCG commissioned enhanced access services will transfer to the Network for delivery from April 2021, therefore the future model of service delivery is likely to change.	provide care navigation advice to patients, including Extended Access appointments where appropriate. Fylde Coast Clinical Commissioning Groups (FC CCGs) have included a mandate within the GP Enhanced Contract for practices to encourage patients to utilise the service with a script developed for practice use. The service is promoted via: <ul style="list-style-type: none"> • Practice TV Screens • Practice Manager Forums • Practice Nurse Forums • Patient Participation • Group Chairs During the Christmas and New Year period, a leaflet drop to all FY postcodes (and postcodes of the CCG boundary i.e. PR) was undertaken and included the Extended Access service. The CCGs have commissioned an additional telephone number to be available for patients to book and cancel appointments during the Extended Access opening hours. Due to boundary changes, additional provision has been commissioned to be delivered from Garstang Medical Centre each Saturday.
3.	Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges from hospital and report back to the Adult Social Care and Health Scrutiny Committee with the reasons for pharmacy delays and a course of action to address those delays at the Committee meeting in July 2019.	Agreed		Blackpool Teaching Hospitals to undertake an audit regarding the scale of the problem in June 2019. Many improvements have been implemented with regards to discharge processes; this audit will confirm if this has resolved the identified issue.
4.	That Blackpool Teaching Hospitals NHS Foundation Trust identify ways to offer facilitated parking for discharge staff (either Council or NHS), to report back at the meeting in July 2019.	Agreed		Action complete. Both NHS and Council staff have facilitated free parking at Blackpool Zoo if they are undertaking duties on the Victoria Hospital site for a full day. If attendance is for shorter periods, for example to undertake an assessment, then staff can access parking at nil charge in the on-site

				multi storey car park.
5.	That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they are efficient, effective and to identify if any parts of the processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019.	Agreed	Cllr note - It has been recognised that conversations have already taken place about the issue and work is underway.	<p>The Urgent and Emergency Care Transformation Programme has a work-stream dedicated to 'Return to Home'. Current priorities and progress are;</p> <ul style="list-style-type: none"> • Embedding a 'Discharge to Assess pathway'; • Winter pilot of a non-weight bearing pathway; • Discharge Facilitators in post funded by Lancashire iBCF; • Realigning existing resource to implement a 'Home First' ethos and pathway; • Length of stay focus on those patients staying over 21 days these are reviewed every Tuesday; • Daily Board Rounds are now standardised with focus on actions to improve inpatient experience and discharge; • A length of stay piece of work is being commissioned to standardise management of patients within acute and community. <p>An update will be available for the meeting in July 2019.</p>
6.	That Blackpool Teaching Hospitals NHS Foundation Trust work to improve relationships and communications with care homes. To report back to the Committee meeting in July 2019.	Agreed		<p>The Executive Director of Unscheduled Care (BTH) will be attending both Blackpool and Lancashire Care Home Provider Forums in order to improve communications, discuss future relationships and raise awareness of key issues and imminent developments such as;</p> <ul style="list-style-type: none"> nutrition and hydration; medication reviews via funded pharmacists; the introduction of NHS net email to improve communication/allow immediate transfer of discharge letters; rehabilitation and reablement input into care homes from community staff, to support earlier discharge and end of life care & dementia care - education and training which

				supports care homes with greater management of patients within the care home setting.
7.	That all partners use social media to send out alerts relating to accident and emergency waiting times, walk in centre waiting times and available GP appointments on a day. Each partner organisation to assist the others in disseminating the information.	Agreed in part	Given the various pathways and services across Blackpool designed to meet the urgent care needs, from minor to life threatening injury it would be difficult to communicate an accurate waiting time across such a broad spectrum of need. It is also essential that messages aren't seen to deflect patients who may be presenting appropriately, with life threatening where response time to treat is essential.	Fylde Coast CCG's and BTH communication teams will endeavour to work alongside the councils communication team to agree a joint approach to using social media more proactively, for example extended access appointments. Further update on a joint system communication strategy to be updated in July 2019.
8.	That Blackpool Teaching Hospitals NHS Foundation Trust install signage at an appropriate point prior to the car park entrance alerting people to current waiting times.	Unable to support	The Urgent Care Centre at Blackpool Victoria Hospital has both an Urgent Treatment Centre (primary care and minor injury) and Emergency Department. Waits, depending on presenting condition within these two services alone could vary significantly. Given the concerns above, we need to ensure that patients who require care are not deterred at this point; they require assessment to navigate to an	No action agreed at this point.

			alternative.	
9.	That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately to leave again, preventing having paid for parking being the only reason why a person would wait and not try an alternative, more appropriate avenue.	For consideration	Whilst it is felt this recommendation would be difficult to both implement and police, consideration is being given to alternative solutions.	BTH are exploring options – free parking for a period whilst initial assessment is completed or reimbursement of costs.
10.	That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.	Agreed	Given the close working between all system partners, underpinned by the shadow Fylde Coast Integrated Care Partnership it is felt that shared messages, communicated with all citizens, and particularly in relation to prevention, self-care, responsible use of services would be beneficial to all	As part of the joint system winter planning communications campaign, requests were made to use the electronic signage around the town, suggesting messages could be tailored so they remained relevant to the traffic management and parking that the signs are intended for. However this was not possible as such signs are reserved for traffic and parking information only and no other messages are permitted. CCG communications leads are exploring ways to share key messages in a more year round proactive way, support from Blackpool Adult Social Care and Health Scrutiny Committee alongside all partners is welcomed.

IV. Conclusion

We look forward to our initial response being considered by the Committee and discussing this in greater depth at the meeting in July 2019.

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr Peter Murphy and Mr Kevin McGee, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting	3 July 2019

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST PATIENT SAFETY

1.0 Purpose of the report:

1.1 To update the Committee on the actions taken to ensure patient safety within Blackpool Teaching Hospitals NHS Foundation Trust.

2.0 Recommendation(s):

2.1 The committee is asked to review the content of the report seeking further assurance where required.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is apprised of the current arrangements

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? N/A

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Context

The Trust was requested, as a result of the increased communications with regards to incidents at Blackpool Victoria Hospital, to provide a report to the Adult Social Care and Health Scrutiny Committee detailing the current actions in place to assure members of patient safety.

Update

General systems and processes designed to provide assurance around optimising patient safety.

6.2 **Clinical Staffing**

Ongoing reviews of clinical staffing to ensure the Trust has adequate resourcing of healthcare professionals to provide safe and effective care.

6.3 **Mortality**

The Trust maintains its focus on mortality reduction and learning from deaths. The latest nationally validated trust-wide Standardised Hospital Mortality Index (SHMI) for the Trust is 116 (Q3 2018/2019). This represents a small increase since the last reported quarter's value 115 (Q2 2018/2019) resulting in the trust remaining outside the upper limit of the expected range.

Changes have been made to the Mortality review process and the Trust is currently testing a new App and Database to support learning from deaths.

In addition two external reviews have been commissioned via the appropriate Royal College in order to gain assurance and develop where appropriate action plans designed to improve pathways of care and therefore outcomes.

6.4 **Recognise and Respond to Deterioration**

The Trust continues to prioritise and ensure all Care Support Workers (CSW) and Registered Nurses (RN) have received competency based educational training in respect to recording, recognising and responding to the deteriorating patient. There are two main courses available to staff. All CSW's who are employed by the Trust are mandated to attend and complete the Care Certificate programme within 12 calendar weeks of appointment; regardless of whether they are new to care. Within this programme is a full day module dedicated to clinical observations and the use of NEWS2 'track and trigger' system and this is subject to continuing formative assessment.

The Recognise and Act course is primarily aimed at RN's but accessible to all clinical staff who undertake clinical observation of patients. Current compliance levels across the Trust are >90%. With reference to the vacancy position, the Trust is often reliant on Bench and Agency RN' to fill shifts. All Bench and Agency staff are required to

undertake training around 'care of the deteriorating patient'.

Does the information submitted include any exempt information? No

7.0 List of Appendices - None

7.1 Not applicable

8.0 Human resources considerations

8.1 Not applicable

9.0 Equalities considerations

9.1 Not applicable

10.0 Financial considerations

10.1 No additional comments outside of the above.

11.0 Risk management considerations

11.1 Not applicable

12.0 Ethical considerations

12.1 Not applicable

13.0 Internal/external consultation undertaken

13.1 Not applicable

14.0 Background papers

14.1 Not applicable

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr David Bonson/ Mrs Beth Goodman Chief Operating Officer / Head of Acute Commissioning Blackpool Commissioning Group (BCCG)
Date of Meeting	3 July 2019

BLACKPOOL CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT 2018-2019

1.0 Purpose of the report:

1.1 To consider the end of year performance for Blackpool Clinical Commissioning Group (BCCG) (April 2018 – March 2019) and to review the outstanding performance related recommendations for the Fylde Coast system following the Adult Social Care and Health Scrutiny Committee meeting on 28 November 2018.

2.0 Recommendation(s):

2.1 To receive and scrutinise the performance report and make any recommendations to the BCCG.

2.2 To review the responses to and progress around the implementation of the outstanding performance related recommendations.

2.3 To determine any future reporting from BCCG/system colleagues on issues of interest and identify any topics for further consideration by the Committee.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the end of year health performance report in relation to commissioned hospital services and the recommendations made by the committee in November 2018.

3.1a To note the reported exceptions and support BCCG in its actions to improve performance.

- 3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.3 Is the recommendation in accordance with the Council's approved budget? N/A
- 4.0 Other alternative options to be considered:**
- 4.1 None
- 5.0 Council priority:**
- 5.1 The relevant Council priority is
- Communities: Creating stronger communities and increasing resilience.
- 6.0 Background information**
- 6.1 Mrs Beth Goodman, Head of Acute Commissioning, Blackpool Clinical Commissioning Group will be in attendance at the meeting to present the 2018-2019 end of year performance summary and answer any questions on performance against the national NHS measures: including NHS Constitution measures such as referral to treatment; cancer waiting times; mixed sex accommodation breaches and cancelled operations.
- The outstanding performance related recommendations will also be discussed jointly with system colleagues in attendance at the meeting.
- 6.2 Does the information submitted include any exempt information? No
- 7.0 List of Appendices:**
- 7.1
- Appendix 7(a) - Blackpool Clinical Commissioning Group End of Year Performance Report 2018-2019
 - Appendix 7(b) – Recommendation monitoring log
- 8.0 Legal considerations:**
- 8.1 None
- 9.0 Human resources considerations:**
- 9.1 None
- 10.0 Equalities considerations:**

10.1 None

11.0 Financial considerations:

11.1 None

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/external consultation undertaken:

14.1 N/A

15.0 Background papers:

15.1 N/A

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Blackpool Clinical Commissioning Group
Performance Report 2018/19
April 2018 – March 2019

Introduction

This report is to provide the Health Scrutiny Committee with assurance in relation to the indicators within the national Clinical Commissioning Group (CCG) Assurance Framework. The report includes an end of year summary of all the relevant indicators, as published by NHS England, with an exception narrative for any indicators not meeting the requisite target.

Summary for 2018/19

Metric	Year-end Position	Target	Page No.
NHS Constitution Measures			
Referral to Treatment (RTT) Incompletes (c)	81.67%	≥92%	4
Diagnostic Test Waiting Time (c)	0.83%	≤1%	4
A&E waits (c)	84.89%	≥95%	5
Patients seen within 2 weeks of a GP referral for suspected cancer	84.70%	≥93%	5
Patients seen within 2 weeks of a GP referral for breast cancer symptoms	34.15%	≥93%	5
Patients receiving definitive treatment within 1 month of a cancer diagnosis (c)	96.93%	≥96%	6
Patients receiving subsequent treatment for cancer within 31 days (Surgery) (c)	94.17%	≥94%	6
Patients receiving subsequent treatment for cancer within 31 days (Drugs) (c)	100.00%	≥98%	6
Patients receiving subsequent treatment for cancer within 31 days (Radiotherapy) (c)	98.44%	≥94%	6
Patients receiving 1 st definitive treatment for cancer within 2 months (c)	80.36%	≥85%	6
Patients receiving treatment for cancer within 62 days from an NHS Screening Service (c)	87.50%	≥90%	6
Patients receiving treatment for cancer 62 days upgrading their priority (c)	91.28%	≥85%	7
Category 1 Ambulance Calls	00:6:23	≤7 mins	7
Category 2 Ambulance Calls	00:21:15	≤18 mins	7
NHS Constitution Support Measure			
Referral to Treatment waiting times more than 52 weeks (incomplete)(c)	50	0	4
A&E waits 12 hour trolley waits (p)	300	0	5
Mixed Sex accommodation breaches (c)	41	0	8
Cancelled Operations (p)	21	0	8
Mental Health (c)	96.51%	≥95%	8
Primary Care Dementia (c)	80.06%	≥67%	8
Incidence of Healthcare Associated Infection (c)	MRSA – 1	0/58	9

Achievements

- The % of patients waiting 6 weeks or more for diagnostic tests has remained below the target of <1% for the year 2018/19 at 0.89%.
- Blackpool CCG cancer waits have met four (4) out of nine (9) constitutional targets for the year 2018/19.
- Blackpool Teaching Hospitals has had no mixed sex accommodation breaches in 2018/19.
- The % of patients on a care programme approach discharged and followed up within 7 days has remained above target for the year 2018/19 at 96.51%.
- Blackpool CCG estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate remains above the target of $\geq 67\%$ for the year 2018/19 at 80.06%.
- The Clostridium difficile (CDI) incidents for both Blackpool CCG and Blackpool Teaching Hospitals remain within trajectory for 2018/19.
- Improving access to psychological therapies (IAPT) has achieved three (3) out of four (4) targets for the year 2018/19.

Areas for focus/ information

- Blackpool CCG has not met the referral to treatment target (RTT) for incomplete patient pathways in 2018/19. Performance has been influenced by the continued effects from system pressures experienced following the winter months and the cancellation of activity last winter.
- There were fifty (50) Blackpool CCG patients waiting more than 52 weeks for treatment in 2018/19; however there was one (1) waiting longer than 52 weeks at the end of 2018/19 which is a reduction from the three (3) patients waiting for treatment for this length of time at the end of 2017/18.
- The Trust has had a total of 300 12-hour decision to admit breaches for the year 2018/19. Root cause analyses have been received for all breaches in line with national policy in order to provide assurance from the Trust that patient safety has been maintained and to gain an understanding of the complex reasons for the breaches occurring.
- Blackpool Teaching Hospitals' performance against the 4 hour A&E waiting time target has remained below target for the year 2018/2019 at 84.89% below the target of 95% year to date at the end of March 2019.
- Blackpool CCG has not met five (5) of the nine (9) cancer waiting targets. The 2 week waiting targets have been particularly challenged due to physical capacity constraints within the breast service in terms of both imaging and clinic space.
- There have been forty one (41) mixed sex accommodation breaches for Blackpool patients in 2018/19. The CCG has been assured that all patient's privacy and dignity have been maintained at all times.
- There have been twenty-one (21) patients operations cancelled which have been unable to be rescheduled within 28 days reported at Blackpool Teaching Hospitals for the year 2018/19; this is due to the cancellation of elective activity within the hospital and reduced bed capacity due to winter pressures.
- There has been one (1) incident of MRSA bacteremia attributed to Blackpool CCG for the year 2018/19.

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Blackpool CCG Performance Report April 2018 - March 2019

Area	Indicator	Org.	Target	2017-18	2018-19	Performance	Comments
RTT © Page 47	Patients on incomplete pathways treated within 18 weeks	BCCG	92%	87.38%	81.67%	↓	The Trust did not achieve the RTT open pathway standard in 2018/19 at 81.67% below the target of 92%. It is important to highlight that the Trust did manage to reduce the waiting list size from 18,885 in 2017/18 to 18,543 in 18/19. Integrated Care Provider (ICP) workstreams are in place which focus upon improving referral management, out-patient services, patient flow and theatre utilisation at the Trust. Work continues to be focused at specialty level to reduce the number of long waiting patients; this has been compromised by the impact of the winter pressures. A continuous programme of audit and validation is supporting the Trust Patient Tracking List management. This focuses across outpatient, diagnostic and waiting list elements of the pathway. Full Trust validation of the waiting lists continues to take place on a weekly basis.
		BTH	92%	87.32%	80.86%	↓	
	Patients waiting for more than 52 weeks - Incomplete Pathways	BCCG	0	10	50	↓	There were fifty (50) Blackpool patients waiting more than 52 weeks for treatment in 2018/19; however not all these patients were being treated at Blackpool Teaching Hospitals but across hospitals throughout the UK. This increase in number from the 2017/18 figure of ten (10) is indicative of the pressures of patient flow being experienced within the NHS. Blackpool Teaching Hospitals had one hundred and ninety seven (197) patients waiting more than 52 weeks in 2018/19; the vast majority of these patients were waiting for Electrophysiology procedures. Specialised Commissioning, which is managed by NHS England, commission this service. The Trust and Specialised Commissioning have worked together to plan and implement a modular lab on the BTH site to improve capacity and reduce waiting times for patients. The Trust were set a target to reduce the number of patients waiting more than 52 weeks from March 2018; this was achieved as there was one (1) patient waiting longer than 52 weeks at the end of the financial year against a trajectory of three (3) from 2017/18.
		BTH	0	4	197	↓	
DT Waiting Times ©	Diagnostic Test Waiting Times - % of patients waiting 6 weeks or more	BCCG	1.00%	0.60%	0.89%	↓	Achieved.
		BTH	1.00%	0.33%	0.59%	↓	

Area	Indicator	Org.	Target	2017-18	2018-19	Performance	Comments
A&E ©	12 Hour DTA waits in A&E	BTH	0	266	300	↓	There have been a total of three hundred (300) 12 hour decision to admit breaches at Blackpool Teaching Hospital in 2018/19. Two hundred and twelve (212) of these breaches were Mental Health related and eighty nine (89) were Medical. The Trust is focusing upon improving flow within the Hospital which will enable patients to be admitted earlier if necessary. A national project on extended length of stay has been implemented with a trajectory to reduce the numbers of long staying patients by 40%, a reduction in real terms of 75 patients in 2019/20. Multi agency discharge events (MADE) are taking place on a regular basis supported by a Clinical lead overseeing "Long stay Tuesday" which is supported by NHS England as a successful method for managing on the day delays and identifying common themes. Reducing 12 hour decision to admit breaches is one of the highest priorities for the Trust for 2019/20.
	A&E 4 Hour waits	BCCG	95%	84.43%	84.89%	↑	Although A&E performance for patients to be seen within 4 hours has improved in 2018/19, at 84.89% from 84.43% in 2017/18; it has not achieved the target of 95%. The Trust has been successful in reducing the length of stay for patients over 65, improving the speed of patient handovers and reducing the length of stay for patients at Clifton hospital but have plans in place to improve performance further which include additional nursing and decision makers to make earlier decisions for patients, defining the streaming of patients further to the ambulatory care centre or primary care streaming, increase the discharge of patients earlier in the day and increase planned weekend patient discharges.
		BTH	95%	84.43%	84.89%	↑	
Cancer Waits ©	% seen within 2 weeks of referral	BCCG	93.00%	94.58%	84.70%	↓	The deterioration in Cancer 2 week wait and breast symptomatic performance is attributed to physical capacity constraints within the breast service in terms of both imaging and clinic space. Whilst the Trust has been successful in providing additional sessions to meet the increased demand these have to be provided outside of core hours at evenings and weekends. The short to medium term plan is to continue these sessions to improve the position as well as following an action plan devised by the Trust in conjunction with NHS England and NHS Improvement. In the medium term a business case has been approved at Trust and Fylde Coast Executive level which will reconfigure the estates occupied by the breast service; therefore increasing capacity by providing extra space to house the additional mammography and ultrasound equipment included in the business case.
		BTH	93.00%	94.20%	85.02%	↓	
	% seen within 2 weeks of referral – breast symptoms	BCCG	93.00%	96.27%	34.15%	↓	
		BTH	93.00%	96.98%	32.04%	↓	

Area	Indicator	Org.	Target	2017-18	2018-19	Performance	Comments	
Cancer Waits ©	% of patients receiving definitive treatment	BCCG	96.00%	96.20%	96.93%	↑	Achieved.	
		BTH	96.00%	98.31%	98.83%	↑		
	31 Days	% of patients waiting no more than 31 days for subsequent treatment – surgery	BCCG	94.00%	96.02%	94.17%	↓	Achieved.
			BTH	94.00%	97.51%	100.00%	↑	
	% of patients waiting no more than 31 days for subsequent treatment – drug therapy	BCCG	98.00%	100.00%	100.00%	↑	Achieved.	
		BTH	98.00%	100.00%	100.00%	↑		
	% of patients waiting no more than 31 days for subsequent treatment – radiotherapy	BCCG	94.00%	99.03%	98.44%	↓	Achieved.	
	62 Days	* % of patients waiting no more than 62 days from urgent GP referral to first definitive treatment	BCCG	85.00%	77.98%	80.36%	↑	Although performance against the 62 day for urgent GP referral to first definitive treatment standard has improved to 80.36% for Blackpool patients in 2018/19 from 77.98% in 2017/18 it remains below the target of 85%. Performance against this target has been affected by the issues experienced within the 2 week wait pathways; however internal meetings are taking place at Divisional level at the Trust to review waiting times and mitigate any avoidable delays with escalation to Divisional Directors when appropriate. Additional capacity is being resourced across outpatients, diagnostics and theatres to cope with increasing demand.
			BTH	85.00%	82.70%	82.18%	↓	
		% of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment.	BCCG	90.00%	79.31%	87.50%	↑	Performance for Blackpool patients and the Trust for waiting no more than 62 days from referral from an NHS screening service to first definitive treatment has improved in 2018/19 to 87.50% from 79.31% in 2017/18 for Blackpool patients; and Trust performance has improved to 78.35% in 2018/19 from 77.29% in 2017/18. Whilst both indicators remain below their respective targets it is important to highlight that the number of patients referred via this pathway is very low, only seven (7) patients have not been seen within the timeframe set in 2018/19 for reasons which include patient choice and complex pathways.
			BTH	90.00%	77.29%	78.35%	↑	

Area	Indicator	Org.	Target	2017-18	2018-19	Performance	Comments
	% of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade.	BCCG	85.00%	89.96%	91.28%	↑	Achieved.
		BTH	85.00%	91.07%	92.40%	↑	
Paramedic Emergency Service ©	Category 1 Category 1 Mean Performance	BCCG	00:07:00	No Data available due to a change in reporting mid year	00:06:23		NWAS performance remains a challenge, but this is also seen across the other ambulance trusts nationally. NWAS are making best efforts to maximise resources within the Emergency Operations Centres (EOC), Paramedic Emergency Service (PES) and Clinical Hub (CH) environments to improve performance against the ARP standards. NWAS has made improvements in performance against the C1 target (mean and 90th centile) and C2 (90th centile) since the beginning of the year although performance against the C2 mean and C3/C4 has not been as consistent. Commissioners have now agreed the contract with NWAS for 2019/20 which will see additional investment made into the Trust to deliver ARP performance standards and deliver step changes in the way activity is managed. This includes increases in the number of patients managed via Hear & Treat and See & Treat, delivering further reductions in the number of patients conveyed to A&E depts. NWAS have provided initial trajectories based on the modelling work that was completed by Operational Research in Health (ORH) which will see the Trust deliver all standards with the exception of C1 by the end of March 2020, and the C1 standard shortly after this.
		NWAS	00:07:00		00:07:54		
	Category 1 90th Centile Performance	BCCG	00:15:00		00:10:20		
		NWAS	00:15:00		00:13:19		
	Category 2 Category 2 Mean Performance	BCCG	00:18:00		00:21:15		
		NWAS	00:18:00		00:24:14		
	Category 2 90th Centile Performance	BCCG	00:40:00		00:47:24		
		NWAS	00:40:00		00:52:28		
	Category 3 Category 3 90th Centile Performance	BCCG	02:00:00		02:27:05		
		NWAS	02:00:00		02:43:15		

Area	Indicator	Org.	Target	2017-18	2018-19	Performance	Comments
Mixed Sex Accom. ©	Breaches of same sex accommodation	BCCG	0	17	41	↓	The number of mixed sex accommodation breaches for Blackpool patients has increased in 2018/19 to forty one (41) from seventeen (17) in 2017/18. The majority of these breaches occurred at Lancashire Teaching Hospitals due to the lack of availability of specialist beds to step down to from critical care. Challenges in reducing the number of breaches remain due to the impact of flow and capacity across the Trust. The critical care bed demand remains high and whilst the Trust try to mitigate against what are in essence very short (in timescale) breaches, they prioritise the needs of the patients to undergo their procedure over potential breaches for mixed sex accommodation.
		BTH	0	13	0	↑	
Cancelled Ops (p)	Patients whose operations are cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	BTH	0	96	21	↑	The twenty one (21) cancelled operations not offered another binding date within 28 days in 2018/19 were due to the lack of available beds in scheduled care at Blackpool Teaching Hospitals as a result of the pressures of patient flow within the Hospital. All the work being undertaken to improve patient flow within the Hospital will also address this issue.
Mental Health ©	% of Mental Health patients on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days	BCCG	95.00%	96.14%	96.51%	↑	Achieved.
Dementia ©	CCG's estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate	BCCG	66.70%	79.57%	80.06%	↑	Achieved.
Mental Health IAPT ©	IAPT access proportion rate (1.58% monthly)	BCCG	19.00%	17.90%	16.03%	↓	The IAPT access proportion rate for Blackpool CCG has not achieved the target of 17.90% in 2018/19 and is 16.03% in March 2019. The number of referrals to the service in Blackpool have decreased; however access rates vary across the neighbourhoods. Whilst waiting times are consistently achieved there are internal waits for some specialties. There are plans in place to increase access in line with national targets, specifically focussing on long term conditions, to work with neighbourhoods to improve equity of access and integrate delivery models and also to reduce internal waiting times for clients.
	IAPT recovery rate (50% monthly)	BCCG	50.00%	51.00%	53.52%	↑	
	The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment	BCCG	75.00%	94.00%	96.00%	↑	

Area	Indicator	Org.	Target	2017-18	2018-19	Performance	Comments
	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment.	BCCG	95.00%	100.00%	100.00%	↑	
HCAI	C.Diff	BCCG	57	62	48	↑	Achieved.
		BTH	39	33	35	↓	
	MRSA	BCCG	0	2	1	↑	There was one (1) incident of MRSA bacteraemia in 18/19 for a Blackpool resident within a care home in the community. The Post Infection Review identified no contributory lapses in care relating to the this case in September, however some learning points were identified for GP Practices, Care Homes and Nursing Homes which were widely cascaded.
		BTH	0	1	0	↑	

MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

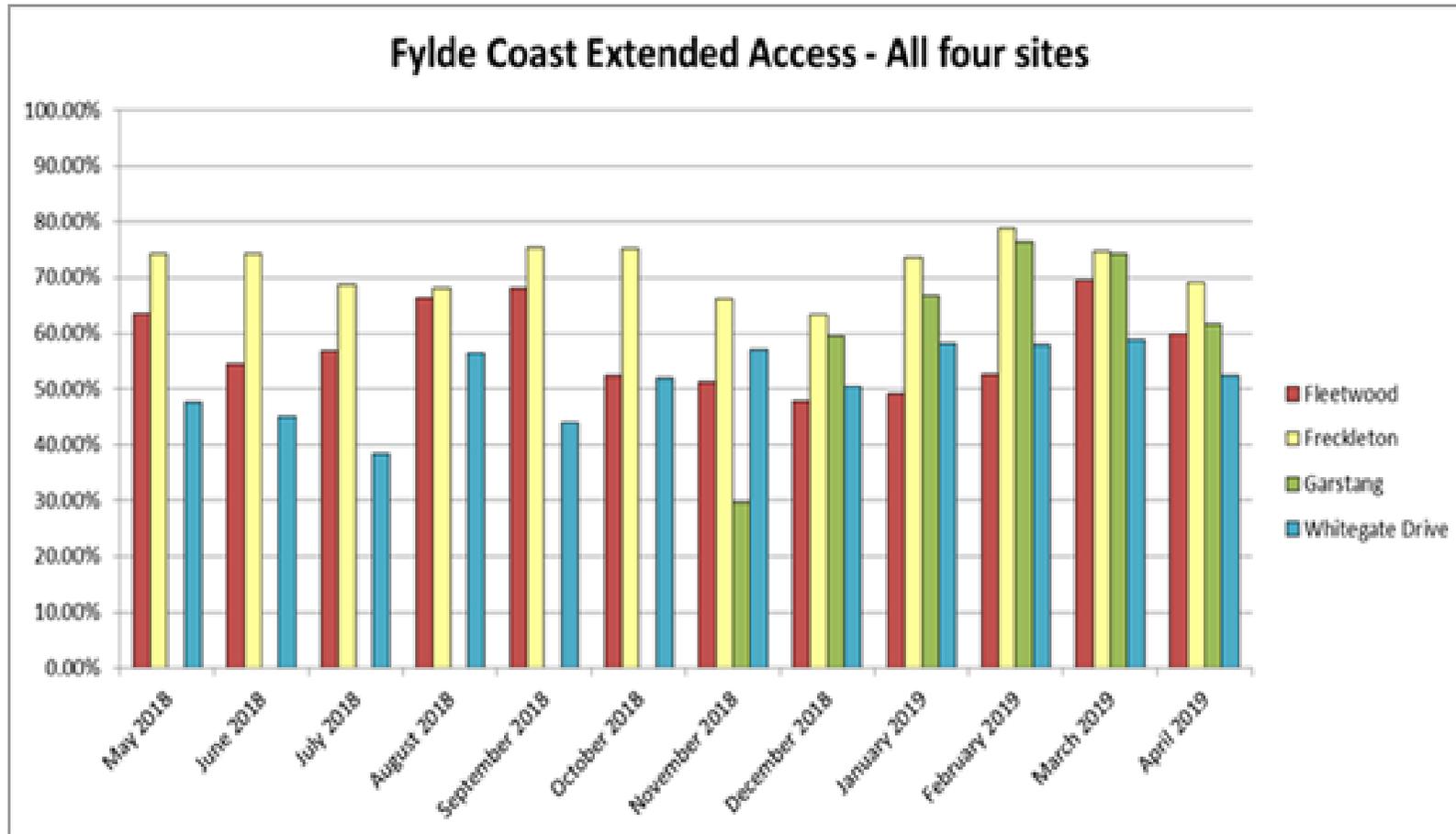
	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	28.11.18	That the CCG be requested to investigate ways in which to improve signposting to extended access appointments through the Patient Access App and by GP practice receptionists and to report back to the Committee with the outcomes in July 2019.	July 2019	David Bonson Michelle Ashton	Contact was made with the developer of the App to determine whether a prompt could be included to the bottom of the patient access app or on the messages section for patients to be directed to the extended access service in or out of GP hours. Unfortunately this hasn't been developed at a national level yet. In respect of signposting to extended access appointments, please see below response in recommendation two which outlines the mechanisms in place for signposting to these appointments.	
2	28.11.18	That the CCG be requested to undertake a mystery shopper exercise in relation to the offer of extended access appointments to report back to the Committee on the outcomes in July 2019.	July 2019	David Bonson Michelle Ashton	Mystery shopper exercise undertaken between October 2018 to June 2019 and as a result of this, the following actions have been implemented: <ol style="list-style-type: none"> 1. All practice receptionists have been trained to provide care navigation advice to patients, including Extended Access appointments where appropriate. 2. The Fylde Coast Clinical Commissioning Groups (FC CCGs) have included a mandate within the GP Enhanced Contract for practices to encourage patients to utilise the service with a script developed for practice use. 3. Extended access appointments are also now promoted via: <ul style="list-style-type: none"> • Practice TV Screens • Practice Manager Forums • Practice Nurse Forums • Patient Participation Groups 	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
					<ul style="list-style-type: none"> • Social media • Leaflets • Via Practices offering appts <p>4. During the Christmas and New Year period, a leaflet was disseminated to all FY postcodes (and postcodes of the CCG boundary i.e. PR) to promote the Extended Access service.</p> <p>5. The CCGs have commissioned an additional telephone number to be available for patients to book and cancel appointments during the Extended Access opening hours.</p> <p>6. Due to boundary changes, additional provision has been commissioned to be delivered from Garstang Medical Centre each Saturday.</p> <p>See Appendix X(b)i</p>	
3	28.11.18	That the CCG investigate whether transport was offered to patients to attend referrals for breast cancer appointments outside of the area and report back to the Committee. To be recommended that transport be provided in future similar situations if it did not happen.	July 2019	David Bonson Beth Goodman	<p>We have investigated and confirm that patients were not offered transport to attend out of area breast cancer appointments. We understand that the Trust did source capacity at East Lancashire Hospitals and did offer appointments, of which some patients accepted these appointments.</p> <p>Patient Transport Service (PTS) is commissioned for patients based on where they are registered, or normally reside. In this sense, if patients are eligible for transport, we manage their journey wherever they are accessing healthcare. Transportation for cancer services is</p>	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
					managed within the Enhanced Priority Service (EPS) specification and essentially patients accessing cancer services are deemed eligible for transport. To assure members of the scrutiny committee, patients within this cohort are well supported by the PTS contract and as well as accessing services locally, do travel to places such as the Christie and where necessary, areas outside of the North West if required through their treatment pathway.	
4	28.11.18	That the CCG report back to the Committee in July 2019 with the main areas of concern in relation to succession planning and an approach to be taken.	July 2019	David Bonson Michelle Ashton	A considerable amount of work has been undertaken around succession planning. Blackpool CCG's Operational Plan outlines how it would meet the requirements of the GP Five Year Forward View (FYFV) and which aligns to Lancashire and South Cumbria's strategic plan to transform and sustain primary care services using the GPFYFV programme as enablers to recruit and retain GPs. In recognition of the recruitment and retention issues experienced in Blackpool, the Primary Care Commissioning Committee approved a piece of work to develop a GP specialist role, combining general practice and hospital speciality work. The development of the scheme received widespread support (CCG executives/Governing Body/clinical leads and clinical senate). The aim of the scheme is to attract more GPs to Blackpool who will develop expertise in a hospital based speciality in order to improve the primary/secondary care interface. Some of the specialities suggested including are respiratory, paediatrics, care of the elderly, rheumatology,	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
					cardiology, palliative care, diabetes and unscheduled care but would be open to any speciality outside of this if specified. See Appendix X(b)ii.	
5	28.11.18	That future data demonstrate the number of patients experiencing a 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.	July 2019	David Bonson Beth Goodman/ Berenice Groves	This information is not currently collected; however business intelligence teams will commence collection of this from 1 July 2019. A review of all 12 DTA from July 18 to date has been undertaken see embedded table (10 patients in total have fallen into the category of 12 hr DTA due to drug or alcohol intoxication) See Appendix X(b)iii.	

Fylde coast extended access – All Four Sites



Fylde Coast Executive Strategy Group
25 April 2019
Update report on the development of the
GP specialist post

Introduction and Background

Blackpool CCG's Operational Plan, laying out how it would meet the requirements of the GP Five Year Forward View (FYFV) was approved by NHSE in early 2017 and aligns to Lancashire and South Cumbria's strategic plan to transform and sustain primary care services using the GPFV programme as enablers to recruit and retain GPs. In recognition of the recruitment and retention issues experienced in Blackpool the Primary Care Commissioning Committee approved a piece of work to develop a GP specialist role, combining general practice and hospital speciality work. The development of the scheme received widespread support. (CCG executives/governing body/clinical leads and clinical senate). The purpose of this paper is to provide an update position on progress to date.

The aim of the scheme is to attract more GPs to Blackpool who will develop expertise in a hospital based speciality in order to improve the primary/secondary care interface. Some of the specialities suggested include respiratory, paediatrics, care of the elderly, rheumatology, cardiology, palliative care and diabetes and unscheduled care but would be open to any speciality that could support one of the GPs.

Key principles

- The post-holders will work 4 sessions in primary care, 4 sessions in a speciality and 2 sessions for protected education and training days per week
- In the acute speciality post-holders will be an integral member of the consultant team, receiving training in the specialist area
- The contract will be held by BTH
- Funding – 50% GP practice, 25% CCG and 25% BTH
- The CCG will facilitate an informal peer support group for GPs to share experiences
- Appraisal and PDP to be undertaken by accredited GP appraiser. Secondary care workload/competencies/achievements to be provided by appraisee from the specialist consultant/clinical lead
- Applicants should demonstrate a commitment to develop a portfolio career through the extension of traditional clinical and leadership skills
- Each organisation will provide a mentor; this will usually be an experienced GP/Consultant. The mentors will provide ongoing support, enable the undertaking of additional general practice/clinical roles and will facilitate release from practice for professional development sessions to enable appropriate additional experience/skill acquisition

Outcomes

- Improved clinical specialist training to equip individuals with skills to work autonomously
- Create long term resilience in primary care, acute care/unscheduled care system
- Develop neighbourhood models, care - pathways and projects which align with the joint CCGs, primary care network (PCN) aspirations, GPFV and priorities in the ICP

- Sharing knowledge/experience between GP and Trust colleagues
- Improve quality of referrals, diagnosis and outcomes in practices/neighbourhoods/PCN
- Develop a community type role with an interface between primary and secondary care
- To gain a post graduate diploma/certificate – For example, MA in palliative care

Current Position

Following a meeting with the BTH medical director and associates a number of engagement meetings have taken place with consultants expressing an interest in the post, workforce leads, HR and finance to progress the scheme. Internet research has been undertaken to see whether other areas have developed a similar scheme. St Helens CCG has advertised for portfolio careers and enhancing clinical interests in acute care, however, there are no best practice opportunities at this stage.

A recurring question relates to funding and financial flows where there may be full establishment or vacancies in interested specialities. Discussions with finance colleagues are progressing to work together on the funding flows across directorates.

The proposed start date is August 2019. In year costs - £400k (includes £20k for advertising). Recurrent costs - £570k based on 6 GPs in post (£95k ea.) including on costs. The table below shows the split of costs between the GP practice, CCG and BTH for up to 6 posts.

GP specialist registrar						
Annual cost incl. on cost/post	95000					
Annual costs x 6 GPs in post	570000					
Split of costs	1 post	2 posts	3 posts	4 posts	5 posts	6 posts
GP practice - 50% contribution	47,500	95,000	142,500	190,000	237,500	285,000
CCG - 25% contribution	23,750	47,500	71,250	95,000	118,750	142,500
BTH - 25% contribution	23,750	47,500	71,250	95,000	118,750	142,500
Totals	95,000	190,000	285,000	380,000	475,000	570,000

The key areas of focus are:-

- Financial flows
- Education/training and consultant supervision in the acute speciality and associated governance
- Job description and person specification
- HR – contract arrangements, interview process and mandatory training.

Actions

- A small number of consultants have agreed to draft out a work plan for the specialist posts
- Meeting to progress the financial flows is planned with finance colleagues
- Work is progressing on an open day to seek expressions of interest from potential GP candidates. The scheme has been tested briefly with current GP ST3s and a further update is planned
- Work is in progress with BTH HR colleagues to develop the job advert
- Colleagues to reconvene – date to be agreed

Recommendation

Members of the ESG are asked to:-

- note the current position
- support the proposed actions

Michelle Ashton
Senior Commissioning Manager
Primary Care

April 2019

Steve Gornall
Interim Project Support
Primary Care

Details of 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.

July 2018 to date

Month	Reason
10.7.18	Spice user
16.8.18	OD Heroin
28.10.18	Alcohol dependant suicide attempt
27.11.18	Spice User
12.12.18	Heroin user
14.2.18	Alcohol dependant and co-codamal o/d
16.2.19	Cannabis user
15.3.19	Trying to home DETOX
30.3.19	Alcohol dependant suicide attempt
10.4.19	Diazepam dependant

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting:	3 July 2019

SCRUTINY COMMITTEE WORKPLAN

1.0 Purpose of the report:

- 1.1 To review the work of the Committee, the implementation of recommendations and review scoping documents requiring approval as required.

2.0 Recommendations:

- 2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition and noting the outcomes of the workplanning workshop held on 27 June 2019.
- 2.2 To monitor the implementation of the Committee's recommendations/actions.
- 2.3 To approve the Healthy Weight Scrutiny Review Scoping Document and appoint members of the Committee to carry out the review.

3.0 Reasons for recommendations:

- 3.1 To ensure the Committee is carrying out its work efficiently and effectively.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

- 4.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

5.1 Scrutiny Workplan

The Committee's Workplan is attached at Appendix 8(a). The Workplan is a flexible document that sets out the work that will be undertaken by the Committee over the course of the year, both through scrutiny review and committee meetings.

The agenda was published prior to the workshop held to discuss the Adult Social Care and Health Workplan and therefore the workplan will be amended to reflect the workshop following the meeting.

Committee Members are invited to suggest topics at any time that might be suitable for scrutiny review through completion of the Scrutiny Review Checklist which is attached at Appendix 8(b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

5.2 Scrutiny Leadership Board

The Council has established a Scrutiny Leadership Board (SLB), Chaired by Councillor Mrs Callow to co-ordinate the scrutiny function at Blackpool and to undertake scrutiny of cross-cutting strategies and plans amongst other things. As a result the workplan of the Committee will be submitted to the Scrutiny Leadership Board for consideration and requests could be made by the Board to include additional work or make amendments. The Chair and Vice Chair of the Committee are members of the SLB and will provide liaison as appropriate between the Committee and Board.

5.3 Implementation of Recommendations/Actions

The table attached at Appendix 8(c) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

Members are requested to consider the updates provided in the table and ask follow up questions as appropriate to ensure that all recommendations are implemented.

Members are requested to note, in particular, the response provided by Dr Arif Rajpura, Director of Public Health to the Committee's recommendation to the

healthy weight letter distributed to children of overweight children.

5.4 **Healthy Weight Scrutiny Review Scoping Document**

At the Committee meeting in February 2019, it was agreed that a scrutiny review would be established to consider Healthy Weight in more detail. As a result a draft scoping document has been produced for the Committee's approval, attached at Appendix 8(d).

Following consultation with the Director of Public Health it has been agreed that the review will be carried out in November 2019, following the completion of a mapping exercise on healthy weight initiatives put in place to determine their impact. If any Members are interested in participating in the review please could they indicate so at the meeting.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 8(a): Adult Social Care and Health Scrutiny Committee Workplan

Appendix 8(b): Scrutiny Review Checklist

Appendix 8(c): Implementation of Recommendations/Actions

Appendix 8(d): Healthy Weight Scrutiny Review Scoping Document

6.0 **Legal considerations:**

6.1 None.

7.0 **Human Resources considerations:**

7.1 None.

8.0 **Equalities considerations:**

8.1 None.

9.0 **Financial considerations:**

9.1 None.

10.0 **Risk management considerations:**

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2019/2020	
13 February 2019	<ol style="list-style-type: none"> 1 Healthwatch Progress Report 2017/2018 including 2018/2019 update 2 Public Health Overview Report including key performance reporting and an update on the provision of breastfeeding and infant support services 3 North West Ambulance Service annual update on performance 4 Healthy Weight – to receive an update on action taken to reduce obesity from Public Health and the CCG and impact to date 5 Green and Blue Infrastructure Strategy Scrutiny feedback from scrutiny work
	<i>Committee workplanning 2019/2020 workshop</i>
3 July 2019	<ol style="list-style-type: none"> 1 Lancashire Care Foundation Trust update on progress DEFERRED 2 Blackpool Clinical Commissioning Group Performance Report - End of Year 2018/2019 including an update on recommendations previously made (see table at Appendix 10(c)) 3 Blackpool Teaching Hospitals NHS Foundation Trust, focus on patient safety 4 Whole System Transfers of Care Scrutiny Report review of recommendation implementation
16 October 2019	<ol style="list-style-type: none"> 1 Adult Services Report, topic tbc including key performance reporting, topic to be confirmed 2 Public Health Report, topic tbc including key performance reporting and the Director of Public Health's Annual Report 3 Lancashire Care Foundation Trust update on progress 4 Tbc
<i>Tbc November 2019</i>	<i>Healthy Weight Scrutiny Review</i>
11 December 2019	<ol style="list-style-type: none"> 1 Blackpool Safeguarding Adults Board Annual Report 2018/2019 including 2019/2020 priorities 2 Healthwatch Progress Report 2018/2019, including 2019/2020 priorities 3 Blackpool Clinical Commissioning Group Mid-Year Performance Report 4 Tbc
12 February 2020	<ol style="list-style-type: none"> 1 Adult Services Report, topic tbc including key performance reporting, topic to be confirmed 2 Public Health Report, topic tbc including key performance reporting, topic to be confirmed 3 Tbc 4 Tbc

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SCRUTINY SELECTION CHECKLIST

Title of proposed Scrutiny:

The list is intended to assist the relevant scrutiny committee in deciding whether or not to approve a topic that has been suggested for scrutiny.

Whilst no minimum or maximum number of 'yes' answers are formally required, the relevant scrutiny committee is recommended to place higher priority on topics related to the performance and priorities of the Council.

	Yes/No
The review will add value to the Council and/or its partners overall performance:	
The review is in relation to one or more of the Council's priorities:	
The Council or its partners are not performing well in this area:	
It is an area where a number of complaints (or bad press) have been received:	
The issue is strategic and significant:	
There is evidence of public interest in the topic:	
The issue has potential impact for one or more sections of the community:	
Service or policy changes are planned and scrutiny could have a positive input:	
Adequate resources (both members and officers) are available to carry out the scrutiny:	

Please give any further details on the proposed review:

Completed by:

Date:

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MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	28.11.18	That the CCG be requested to investigate ways in which to improve signposting to extended access appointments through the Patient Access App and by GP practice receptionists and to report back to the Committee with the outcomes in July 2019.	July 2019	David Bonson	See item 7.	
2	28.11.18	That the CCG be requested to undertake a mystery shopper exercise in relation to the offer of extended access appointments to report back to the Committee on the outcomes in July 2019.	July 2019	David Bonson	See item 7.	
3	28.11.18	That the CCG investigate whether transport was offered to patients to attend referrals for breast cancer appointments outside of the area and report back to the Committee. To be recommended that transport be provided in future similar situations if it did not happen.	July 2019	David Bonson	See item 7.	
4	28.11.18	That the CCG report back to the Committee in July 2019 with the main areas of concern	July 2019	David Bonson	See item 7.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		in relation to succession planning and an approach to be taken.				
5	28.11.18	That future data demonstrate the number of patients experiencing a 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.	July 2019	David Bonson	See item 7.	
6	24.01.19	That LCFT be requested to identify all voluntary and community mental health support groups in Blackpool and arrange to meet with them quarterly to ensure the views of service users were truly reflected and understood.	Immediately to report back July 2019	Chief Officers of LCFT	At the request of LCFT and with the agreement of the Chairman the item has been deferred to the meeting of the Committee in October.	
7	24.01.19	That LCFT consider setting all targets for completion of mandatory training, completion of appraisals etc at 90% with a view to incrementally increasing the target to 100%.	Immediately to report back July 2019.	Chief Officers of LCFT	At the request of LCFT and with the agreement of the Chairman the item has been deferred to the meeting of the Committee in October.	
8	24.01.19	That all representatives be requested to attend a further meeting of the Committee in	July 2019	Chief Officers of LCFT	At the request of LCFT and with the agreement of the Chairman the item has been deferred to the meeting of the Committee in October.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		<p>approximately six months to further update on progress made and to:</p> <ul style="list-style-type: none"> • Provide feedback on the implementation of the Committee's recommendations. • To provide evidence of the work undertaken to reduce the number of four and 12 hour delays at Accident and Emergency and the impact of that work. • To report on the outcomes of the external review and action taken to implement the actions. 				
9	13.02.19	The Committee agreed to forward their comments regarding the length of the Healthwatch contract to relevant Council officers for consideration.	March 2019	Scrutiny Manager	Response circulated to the Committee in March 2019.	Green
10	13.02.19	That attendees at the meeting give consideration to the process and the wording of the healthy weight letters sent and report back to the Committee at its next meeting with a new draft of the letter.	July 2019	Scrutiny Manager, Dr Arif Rajpura	<p>Response received from Dr Rajpura:</p> <p>The letters that are sent out to our parents in Blackpool are based on the Department of Health/PHE template letters. However, last year the Blackpool Public Health Team worked with the School Nursing team to tailor the letter for our</p>	Members to determine if action is complete based on response.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
					<p>Blackpool parents. As part of the service around the NCMP letters, the School Nursing team will ring the parents when a child has been identified as very overweight or obese. This phone call is made prior to the letter being sent out, however, there are occasions when it is not possible to contact the parent and the letter is still sent out to the family. Included with the letter of children who are overweight, very overweight and obese a leaflet is enclosed from the Change4life information packs. In addition to this the parents are offered a referral to the children and family weight management service which is operated by Sport Blackpool. If the parents are not keen on the referral then the children and family weight management manager will make contact with the family to talk about the programmes and how they can help and support the family. The details are only passed over if the parents' consent to being contacted.</p> <p>We recognise that the letter isn't perfect, and each year we work with the PHE national team to review the format of the letter. It is appreciated that this is a very sensitive issue for parents and it isn't the intention of the service to cause offense. Blackpool sit on the National NCMP board, and the comments the Committee has raised will feed in to this process to help shape and change the letter to help improve this for the future. In addition to the letter, PHE are developing a series of resources to help and support health professionals approach these difficult conversations.</p>	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
11	13.02.19	To add an in depth review of healthy weight to the Committee's workplan for the new Municipal Year.	November 2019	Scrutiny Manager	Draft scoping document included on the agenda.	Green
12	13.02.19	To add in consideration of the outcomes of the Psynergy pilot to the workplan.	tbc	Scrutiny Manager	Members to determine when to add to workplan.	
13	13.02.19	That the Chairman request that consideration be given to providing suicide awareness training for all Members.	tbc	Chairman	The Chairman to provide an update at the meeting.	

WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW RECOMMENDATION MONITORING

The incomplete recommendations of the scrutiny review will be included in this table from the next meeting. A full update on the implementation of the recommendations of the review is included on the agenda as a separate agenda item.

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Scrutiny Review Scope	
Proposed Title	Scoping Date
Healthy Weight Scrutiny Review	May 2019
Criteria and reasons for selecting topic	
<p>The Committee considered an update on Healthy Weight in February 2019, it was agreed that due to the significant level of work ongoing around healthy weight and the importance of the topic in Blackpool, to add an in depth review of healthy weight to the committee workplan. Healthy Weight also features prominently in the NHS 10 Year Plan.</p>	
Which priority within the Council Plan does this topic address?	
Communities: Creating stronger communities and increasing resilience	
What are the main objectives of the scrutiny?	
<p>To review the initiatives in place to ensure healthy weight in both adults and children. How is it determined which initiatives are successful and which are not?/what value has been added by each initiative, how are they measured? And how do they join together, with collective effectiveness measured?</p> <p>To ensure that the key partners are working effectively together to achieve outcomes and work is being undertaken on a regional basis.</p> <p>Impact of proposals to limit the number of fast food outlets in the Local Plan.</p> <p>Specifically the Initiatives in place for early years, preventative rather than reactive measures in place.</p>	
What possible outcomes are envisaged in terms of service improvements / benefits to the community?	
Improved initiatives, full review of value for money of current initiatives, achievement of healthy weight goals.	
How will the public be involved? (consider invitations / press releases for meetings, consultation with community groups / clubs, etc)	
Children, young people and adults who have participated in healthy weight schemes could be contacted for their views on the impact and success of the initiative.	
How will the scrutiny achieve value for money for the Council / Council Tax payers?	
To ensure that the healthy weight initiatives are having an impact in line with the expenditure on them.	
What primary / new evidence is needed for the scrutiny?	
<p>Full list of initiatives, goals, performance indicators, analysis of data.</p> <p>Testimony from service users on impact.</p> <p>Statistics demonstrating the levels of obesity over the previous 10 years for analysis alongside the indicators of the initiatives in order to assist in determination of impact.</p>	
What secondary / existing information will be needed? (include background information / existing reports (consider Internal Audit) / legislation / central government information and reports, etc.	
<p>NHS 10 Year Plan.</p> <p>Any previous reports/decisions taken to introduce initiatives.</p> <p>Budget.</p>	

Which Council officers / departments will provide information, advice and assistance for the scrutiny?
Public Health – Arif Rajpura, Nicky Dennison Leisure Services – Lisa Arnold
What expert witnesses will the panel request input from outside of the Council?
NHS representatives – specifically from Blackpool Clinical Commissioning Group and Blackpool Teaching Hospitals NHS Foundation Trust Members of the public who have participated in schemes. Blackpool Football Community Trust who deliver a number of initiatives on behalf of public health.
What type of meetings (e.g. fact finding, evidence gathering, consultations, questioning, site visits), and how many in number are envisaged for the scrutiny?
Two meetings. One of fact finding, evidence gathering, analysis of the data presented and identification of how to consult and question those taking part in the initiatives. The second to consider the response from the consultations and identify conclusions and recommendations from the review.
Timescales / likely duration of enquiry
To commence in November 2019.
Lead Scrutiny Officer
Sharon Davis, Scrutiny Manager
Scrutiny Panel Members
Tbc at 3 July 2019 Committee meeting.