

# Public Document Pack

# Blackpool Council

9 July 2014

To: Councillors D Coleman, Elmes, Mrs Henderson MBE, Hunter, H Mitchell, M Mitchell, Owen and Stansfield

The above members are requested to attend the:

## HEALTH SCRUTINY COMMITTEE

Thursday, 17 July 2014 at 6.00 pm  
in Committee Room A, Town Hall, Blackpool FY1 1GB

## 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; 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 Services in advance of the meeting.

### 2 MINUTES OF THE LAST MEETING HELD ON 12TH JUNE 2014 (Pages 1 - 6)

To agree the minutes of the last meeting held on 12<sup>th</sup> June 2014 as a true and correct record.

### 3 PUBLIC SPEAKING (Pages 7 - 10)

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

### 4 JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE (Pages 11 - 14)

To consider the appointment of one new member to the Joint Lancashire Health Scrutiny Committee.

**5 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST** (Pages 15 - 24)

To receive a presentation from Blackpool Teaching Hospitals NHS Foundation Trust in relation to recruitment and retention.

**6 BLACKPOOL CLINICAL COMMISSIONING GROUP** (Pages 25 - 32)

To consider an update report from Blackpool Clinical Commissioning Group.

**7 NORTH WEST AMBULANCE SERVICE NHS TRUST** (Pages 33 - 50)

To receive a presentation from North West Ambulance Service NHS Trust in relation to its Quality Account for 2013 / 14.

**8 BLACKPOOL HEALTH AND WELLBEING BOARD** (Pages 51 - 60)

To consider the minutes from the meeting of the Health and Wellbeing Board on 4<sup>th</sup> June 2014.

**9 COMMITTEE WORKPLAN** (Pages 61 - 68)

To consider the Committee Workplan for the remainder of the 2014/2015 Municipal Year.

**10 DATE OF NEXT MEETING**

To note the date of the next meeting as Thursday 25<sup>th</sup> September 2014, at 6.00pm.

**Venue information:**

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

**Other information:**

For queries regarding this agenda please contact Steve Sienkiewicz, Democratic Services, Tel: (01253) 477123, e-mail [steve.sienkiewicz@blackpool.gov.uk](mailto:steve.sienkiewicz@blackpool.gov.uk)

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at [www.blackpool.gov.uk](http://www.blackpool.gov.uk).

## MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 12<sup>th</sup> JUNE 2014

### Present:

Councillor M Mitchell (Chairman)

Councillors

D Coleman   Hunter   Elmes   Stansfield

### In attendance:

Mr R Fisher and Dr M Johnson, Blackpool Clinical Commissioning Group.

Mrs P Oliver, Blackpool Teaching Hospitals NHS Foundation Trust.

Mr S Winterson and Ms B Pickover, Lancashire Care NHS Foundation Trust.

Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

Councillor E Collett, Cabinet Member for Public Health.

### 1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 6, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

### 2. MINUTES OF THE MEETING HELD ON 8<sup>th</sup> MAY 2014

The Committee agreed that the minutes of the meeting held on 8<sup>th</sup> May 2014, be signed by the Chairman as a correct record.

### 3. PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

### 4. THE HARBOUR

The Committee received a presentation on progress in relation to the construction and commissioning of the new in-patient mental health unit, 'The Harbour'. The presentation was delivered by Mr S. Winterson, Engagement Director and Ms B. Pickover, Head of Communications at Lancashire Care NHS Foundation Trust.

The Committee was informed of certain milestone dates, including a topping out ceremony that took place at the end of February 2014, at which point the visible construction of the units had really started to take place.

Mr Winterson emphasised the importance of the consideration that had been given to accessibility, including the upgrading of 2 bus stops opposite the site and the installation of a toucon pedestrian crossing. There would be 200 car parking spaces and flexible

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 12<sup>th</sup> JUNE 2014**

visiting times would be introduced as far as possible. The Trust would also be helping with public transport and car sharing schemes.

Members were shown an artist's impression of the finished site and the suites, which were to be named after famous authors. Construction was due to be finished in January 2015 with the first service users expected in February 2015.

In relation to existing units, the Committee was informed that Parkwood hospital would close as a mental health unit and Lytham hospital would continue as a community hospital. There would be 530 staff employed at the Harbour, which was more than were currently employed across the existing sites.

Mr Winterson responded to a number of questions from the Committee. He confirmed that additional staff would be recruited to work on site and that facilities would be in place for staff to work up their qualifications. A 3 shift system would be in place once the facility was fully open.

In relation to concerns expressed by the Committee in relation to car parking, Mr Winterson explained that 200 spaces were the maximum number allowed under the planning permission that was granted. He did however acknowledge that it might be necessary in the future to negotiate with local businesses for additional spaces, should these be deemed necessary.

Mrs P Oliver, Director of Operations at Blackpool Teaching Hospitals NHS Trust, outlined her concerns at the additional pressure that might be placed upon the Hospitals Trust once the Harbour was open. The concerns were in relation to the additional burden that was likely to be placed upon acute care from the in-patient facility. Discussions were ongoing between the Trusts as to how this could best be mitigated.

The Committee agreed to note the presentation and report.

Background papers: None.

### **5. BLACKPOOL CLINICAL COMMISSIONING GROUP**

Mr R Fisher, Chairman of Blackpool Clinical Commissioning Group (CCG), presented the Committee with an update report that covered a number of a different areas of work.

Commencing with an assurance update, Mr Fisher informed the Committee that the CCG met with the Lancashire Area Team for NHS England on a quarterly basis, who report back to the CCG, which is then, in turn, reported back to the Governing Body on the CCG's progress and assurances. The CCG then uses the NHS England Assurance Framework to provide assurance to the Area Team, covering all the areas that the CCG was responsible for. The CCG had recently undergone a year end assurance review with the Area Team and assurance of achievement in all areas of its business was provided. It was reported that the CCG Assurance Framework was based across six domains and the Committee was provided with details of each of these.

The Committee was then provided with details of the CCG's first Annual Report which had recently been drafted. A process of auditing and governance was underway that

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 12<sup>th</sup> JUNE 2014**

would lead to final publication of the report by 13<sup>th</sup> June. It was expected that the CCG would hold an annual general meeting where the report and accounts would be presented on 9<sup>th</sup> September.

Mr Fisher went on to provide the Committee with details of the Altogether Now – Blackpool Community Sports Awards which took place at an event that was held on 3<sup>rd</sup> April. It was reported that the event was a success, with hundreds of residents having attended the ceremony at Bloomfield Road where local sports stars from various community clubs and the professional world of sport were honoured. The Committee was provided with a full list of winners.

The Committee then went on to receive a presentation delivered by Dr. M Johnson of Blackpool CCG that related to an update on the Better Care Fund.

Members were reminded that the Better Care Fund was a £3.8 billion single pooled national budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. Dr Johnson explained the role of the Programme Board which had been established in February 2014, that was responsible for the co-ordination of the locality plan for Blackpool and the design and implementation of all aspects of the Better Care Fund model that was described in the Plan. It was intended to lead to care being delivered closer to home and services wrapped around the need of the patient. He went on to describe the lengthy process of pulling the Plan together and the submission process which had been completed in April 2014.

The Committee was informed that whilst Blackpool had been held as an exemplar in relation to its submission, there was now a Government pause and guidance was now awaited on the next steps, nationally. Dr Johnson added however that due to the complexity and nature of the work going forward, that it was necessary to press on with the plans going forward on a local basis.

Responding to questions from the Committee, Dr Johnson acknowledged that in relation to budget sharing across Fylde, transience and people moving around was a big problem and that information was not being transferred quickly enough. Work was being carried out on a primary identifier that would speed things up.

In relation to the preparatory work on the project, Dr Johnson explained that a pilot was being planned across GP practices in the north of the town with a commencement date of December 2014.

The Committee agreed to note the presentation and report.

Background papers: None.

### **6. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST**

Mrs P Oliver, Director of Operations at Blackpool Teaching Hospitals NHS Foundation Trust, presented the Committee with the detailed action plan in response to the Trust's inspection by the Care Quality Commission (CQC) in January 2014 and the Quality

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 12<sup>th</sup> JUNE 2014**

Summit in March 2014. The action plan gave details of all areas of improvement that were being carried out, together with target dates and progress to date.

The Committee was informed that the Plan was monitored on a monthly basis by Monitor, the CQC and the Fylde Coast Clinical Advisory Board. The stakeholders were satisfied with the progress being made and the plan would be reviewed on a quarterly basis by Monitor in the future.

Responding to questions from the Committee in relation to the action plan, Mrs Oliver explained the reasons for the concerns around maternity services that were detailed on page 6 of the plan. The high rate of primary post partum haemorrhage and associated hysterectomy had been attributed to a highly unusual pattern of events, where, over a period of 6 months, 5 mothers had not stopped bleeding after giving birth. This had now reverted to a more usual figure of 1 every 6 months. It was also pointed out that the cases had been reported 6 months prior to the inspection taking place and that the Trust had requested that a Royal College of Nursing inspection takes place in order to provide the necessary assurances that all was in order with the maternity procedures at the hospital.

Mrs Oliver agreed to provide the Committee with a glossary of terms that related to the action plan.

The Committee agreed to note the content of the report.

Background papers: None.

### **7. COMMITTEE WORKPLAN**

The Committee considered its Workplan for the remainder of the 2014/2015 Municipal Year.

The Committee agreed to note the Workplan.

Background papers: None.

### **8. BLACKPOOL HEALTH AND WELLBEING BOARD**

The Committee considered the minutes from the meeting of the Health and Wellbeing Board on 23<sup>rd</sup> April 2014.

Councillor Collett, Cabinet Member for Public Health commented that the Health and Wellbeing Board was working together very well. In terms of strategic direction, there was a need to concentrate efforts on what was likely to have most impact.

The Committee agreed that the content of the minutes be noted.

Background papers: None.

### **9. DATE OF NEXT MEETING**

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 12<sup>th</sup> JUNE 2014**

The Committee noted the date of the next meeting as Thursday 17<sup>th</sup> July 2014 at 6.00 p.m.

### **Chairman**

(The meeting ended at 7.05 pm)

Any queries regarding these minutes, please contact:  
Steve Sienkiewicz, Scrutiny Manager.  
Tel: 01253 477123.  
E-mail: [steve.sienkiewicz@blackpool.gov.uk](mailto:steve.sienkiewicz@blackpool.gov.uk)

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<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>3</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	17 <sup>th</sup> July 2014

## PUBLIC SPEAKING

### 1.0 Purpose of the report:

1.1 The Committee to consider any applications from members of the public to speak at the meeting.

### 2.0 Recommendation(s):

2.1 To consider and respond to representations made to the Committee by members of the public.

### 3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

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 N/A

## **5.0 Background Information**

5.1 At the meeting of full Council on 29<sup>th</sup> June 2011, a formal scheme was agreed in relation to public speaking at Council meetings. Listed below is the criteria in relation to meetings of the Health Scrutiny Committee.

## **5.2 General**

5.2.1 Subject as follows, members of the public may make representations at ordinary meetings of the Council, the Planning Committee, the Scrutiny Committee and the Health Scrutiny Committee.

With regard to Council, Scrutiny and Health Scrutiny Committee meetings not more than five people may speak at any one meeting and no persons may speak for longer than five minutes. These meetings can also consider petitions submitted in accordance with the Council's approved scheme, but will not receive representations, petitions or questions during the period between the calling of and the holding of any election or referendum.

## **5.3 Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting**

5.3.1 A person wishing to make representations or otherwise wish to speak at the Scrutiny Committee or Health Scrutiny Committee must submit such a request in writing to the Head of Democratic Services, for consideration.

The deadline for applications will be 5pm on the day prior to the dispatch of the agenda for the meeting at which their representations, requests or questions will be received. (The Chairman in exceptional circumstances may allow a speaker to speak on a specific agenda item for a Scrutiny Committee or Health Scrutiny Committee, no later than noon, one working day prior to the meeting).

Those submitting representations, requests or questions will be given a response at the meeting from the Chairman of the Committee, or other person acting as Chairman for the meeting.

## **5.4 Reason for Refusing a Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting**

- 5.4.1
- 1) if it is illegal, defamatory, scurrilous, frivolous or offensive;
  - 2) if it is factually inaccurate;
  - 3) if the issues to be raised would be considered 'exempt' information under the Council's Access to Information Procedure rules;
  - 4) if it refers to legal proceedings in which the Council is involved or is in

contemplation;

5) if it relates directly to the provision of a service to an individual where the use of the Council's complaints procedure would be relevant; and

6) if the deputation has a financial or commercial interest in the issue.

Does the information submitted include any exempt information?

No

**List of Appendices:**

None.

**6.0 Legal considerations:**

6.1 None.

**7.0 Human Resources considerations:**

7.1 None.

**8.0 Equalities considerations:**

8.1 To ensure that the opportunity to speak at Scrutiny Committee meetings is open to all members of the public.

**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.

<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>4</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	17 <sup>th</sup> July 2014

## JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE

### 1.0 Purpose of the report:

1.1 The Committee to consider the appointment of one new member to the Joint Lancashire Health Scrutiny Committee.

### 2.0 Recommendation(s):

2.1 To appoint one new member to the Joint Lancashire Health Scrutiny Committee from the Labour Group, in order to maintain political proportionality requirements.

### 3.0 Reasons for recommendation(s):

3.1 To ensure the appropriate level of representation from Blackpool on the joint Lancashire Health Scrutiny Committee.

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 N/A

## **5.0 Background Information**

5.1 A 'semi-permanent' Joint Lancashire Health Overview and Scrutiny Committee was established in 2011 to consider strategic items that are of equal relevance and importance to more than one existing Committee.

5.2 The main principles of operation for the Joint Committee are as follows:

- It is a formally constituted Committee to consider strategic consultation items only. Scrutiny is conducted 'in meeting' and separate working groups will not be formed unless absolutely necessary.
- Meetings are on an 'as required' basis, frequency is determined on an ongoing basis by workload.
- Membership consists of nine members from Lancashire County Council, three members from Blackpool Council and three members from Blackburn with Darwen Council.
- The Joint Committee does not dilute or supersede the operation or powers of any of the participating authority's existing health overview and scrutiny committees.

5.3 Following changes to the membership of the Health Scrutiny Committee, there is a need to consider the appointment of one new member from the Labour Group in order to maintain political proportionality requirements. The existing Members are Councillors Stansfield and M Mitchell.

Does the information submitted include any exempt information?

No

### **List of Appendices:**

None.

## **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.

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<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>5</b>
<b>Relevant Officers:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	17 <sup>th</sup> July 2014

## BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

### 1.0 Purpose of the report:

1.1 The Committee to receive a presentation from Blackpool Teaching Hospitals NHS Foundation Trust in relation to recruitment and retention.

### 2.0 Recommendation(s):

2.1 To note the content of the presentation, asking questions and making recommendations that are considered appropriate.

### 3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the content of the presentation.

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 Improve health and well-being especially for the most disadvantaged.

### 5.0 Background Information

5.1 This item follows a request by the Health Scrutiny Committee for a presentation and more information on recruitment and retention, made at the meeting of the Committee on 27<sup>th</sup> March 2014.

**5.3 Witnesses/representatives**

5.3.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Mrs Nicky Ingham, Director of Workforce and Organisational Development, Blackpool Teaching Hospitals NHS Foundation Trust.
- Mrs Sonya Clarkson, Head of Medical Workforce, Blackpool Teaching Hospitals NHS Foundation Trust.
- Mr Paul Baines, Acting Recruitment Manager, Blackpool Teaching Hospitals NHS Foundation Trust.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 5a, Recruitment and Retention presentation.

**6.0 Legal considerations:**

6.1 N/A

**7.0 Human Resources considerations:**

7.1 N/A

**8.0 Equalities considerations:**

8.1 N/A

**9.0 Financial considerations:**

9.1 N/A

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 None.

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# Recruitment

**Nicky Ingham**

**Executive Director of Workforce and  
Organisational Development**



## Issues identified

- **Keogh & CQC findings**
- **National shortages**
- **Difficulties attracting applicants to Blackpool**



## Addressing the issues

- **Recruitment fairs – Across UK, Europe and India**
- **Widening Access scheme**
- **Launch of ‘Change Your Landscape’ campaign**
- **UK and International Headhunting Agencies**
- **Use of social media – Twitter, LinkedIn**
- **Incentive packages, such as relocation & accommodation**



## Impact of approaches adopted

- **340 new recruits over the past 12 months (285 nurses and 55 doctors)**
  - Approx. 30% of new recruits are from outside of the UK
- **English Language Competency and UK equivalent skills**
  - assessed at interview and induction programmes to support integration
  - GMC requirement for doctors outside the EU
- **Agencies selected from NHS Employers International Code of Practice list**





## Future plans

- **Re-launch Return to practice**
- **Continue with targeted recruitment campaigns (medical and nursing staff)**
- **Review attraction packages**
- **Launch of Trust 'Workforce Strategy' focussed on attracting, recruiting and retaining staff**



## Retention

- Identified turnover as an issue amongst nurses – mainly due to retirement
- Gathering feedback from leavers
  - Online leavers questionnaire
- Strengthening induction programme
- Temperature checks
- Developing collaborative approaches to recruitment

<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>6</b>
<b>Relevant Officers:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	17 <sup>th</sup> July 2014

## BLACKPOOL CLINICAL COMMISSIONING GROUP

### 1.0 Purpose of the report:

1.1 The Committee to consider an update report from Blackpool Clinical Commissioning Group.

### 2.0 Recommendation(s):

2.1 To scrutinise the report, asking questions and making recommendations that are considered appropriate.

### 3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

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 Improve health and well-being especially for the most disadvantaged.

### 5.0 Background Information

**5.1 Co-Commissioning of Primary Care Services**

5.1.1 The Committee will receive information on the proposals for the Co-Commissioning of Primary Care Services.

**5.5 Witnesses/representatives**

5.5.1 The following person has been invited to attend the meeting and report on this agenda item:

- David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 6a, Expression of Interest, Co-Commissioning of Primary Care Services.

**6.0 Legal considerations:**

6.1 N/A

**7.0 Human Resources considerations:**

7.1 N/A

**8.0 Equalities considerations:**

8.1 N/A

**9.0 Financial considerations:**

9.1 N/A

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 None.

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20 June 2014

Ms Rosamond Roughton/Dame Barbara Hakin  
National Director: Commissioning Development/Chief Operating Officer  
NHS England  
Commissioning Development Directorate  
Room 4N28, Quarry House  
Leeds  
LS2 7UE

Dear Ms Roughton and Dame Barbara

### **Expression of Interest in Co-commissioning Primary Care Services – NHS Blackpool CCG**

NHS Blackpool CCG would like to express interest in co-commissioning of primary care services for the population of Blackpool.

We would like to agree full delegated commissioning responsibilities covering:

- Monitoring quality of care, including monitoring clinical outcomes, QOF, reducing variation and monitoring and supporting practices to improve patient experience
- Monitoring performance against contracts, including provision of intervention and support where appropriate
- Negotiation of local aspects of contracts including enhanced services and local contracts including reviewing PMS contracts and APMS contracts
- Managing the market, including strategy and implementation around new practices, mergers, procurements and supporting practices to look at and develop new organisational forms
- Premises, including reimbursements and strategy for out of hospital estates.

We would wish to take on delegated budgets for all General Practice and enhanced services, QOF, premises and IT, although we accept that this is likely to take the form of indicative budgets until April 2015. This action supports the delivery of our strategic plan by giving us the ability to shift resources into primary care and ensure we are able to design and implement effective incentive systems that enable us to control secondary care spending and reallocate funding to our out of hospital strategies.

NHS Blackpool CCG has a strong track record of delivery in a difficult Health environment. Issues of deprivation and wider determinants of health lead to extremely poor health outcomes and wide health inequalities in many areas, despite good provision of Primary Care. We see that the key to addressing these challenges, as well as those posed by the difficult financial climate in the NHS, lies in successful implementation of our five year strategic plan and shorter term delivery plan to fully integrate primary,



community and social care services, including mental health services, within neighbourhoods based around groups of GP Practices. The services will work as single teams, coordinating care around patients with shared records, shared clinical and operational pathways and a single point of access for patients via the GP reception.

Our neighbourhood teams will have close links to local community and voluntary services, allowing us to fully realise the benefits of an active voluntary sector and maximise patient and public involvement in developing services for their neighbourhoods.

New models of care will deliver enhanced primary care on a wider scale and new teams of 'extensivist' physicians and health professionals will intensively case manage the highest intensity patients helping to deliver co-ordinated care to reduce avoidable emergency admissions. This approach is fully supported by Blackpool Council and the Health and Wellbeing Board as well as by our member practices.

Delegated responsibility for primary care commissioning will enable us to move at pace to deliver this strategy, removing the barriers which the current commissioning arrangements of multiple, separate commissioners put into the system and ensure formal contractual and financial arrangements are fully aligned.

We will be able to deliver a single, coherent strategy for Blackpool, and have the ability to move resources released by reducing use of secondary care services to properly invest in the whole spectrum of transformed out of hospital services, using the Better Care Fund as a catalyst to create shared commissioning and financial arrangements for health and social care. I have attached a copy of the CCG Strategy for information and reference. We are committed to collaboratively working with all commissioners, in particular NHS England and Blackpool Council, to commission integrated services for the individual and enhance the central co-ordinating role general practice can play in supporting patients and their families.

We will work closely with practices, using robust data to benchmark quality outcomes and, where appropriate, to support practices to make improvement. We have a track record of using this approach combining regular supply of benchmarked data as well as individual practice visits reviewing clinical outcomes, prescribing information and utilisation of resource.

### **Capacity to Deliver**

We acknowledge that taking full delegated responsibility for commissioning primary care within existing resources will put a significant strain upon our current management capacity, if we are to remain within our running cost allowance. We believe, however, that the benefits of doing this are so great that we will commit to delivering the internal reorganisation required.

We have had an initial 'in principle' discussion with our CSU about incorporating commissioning of primary care into the support we receive.

The CCG also retained some of the PCT staff involved previously in primary care commissioning at the PCT, particularly the Head of Primary Care, so we are confident that we have staff with the necessary skills, experience and background to take on this challenge. We would however welcome a discussion with NHS England about the extent to which we could expect any of the current primary care commissioning staff to be released to work alongside our team.





## **Governance**

The CCG's established governance arrangements include a robust constitution that meets the requirement of legislation including standard financial management arrangements. Section 8 of the CCG's Constitution details the standards of business conduct required of employees, members, the Governing Body and its committees, including the obligation to declare conflicts or potential conflicts of interest. The Constitution details the arrangements to manage these conflicts to ensure that decisions made by the CCG are taken and are seen to be taken without any possibility of the influence of external or private interest.

The CCG benefits from having four lay members on the Governing Body, which is above the national requirement; this ensures an objective and external perspective and challenge to the decision making process. In collaboration with NHS England the CCG will ensure robust governance arrangements are in place to deal with commissioning of primary care and ensure compliance with the NHS code of conduct. The CCG proposes to establish a Primary Care Sub-Committee of the Governing Body with clear terms of reference, chaired by a lay member with membership to include lay members, CCG managers, other stakeholders such as Health and Wellbeing Board (HWBB) members and patient representation. Governing Body GPs would not be included in the membership of the Primary Care Committee. This Committee will be responsible for decisions relating to primary care providers and for decisions involving investment in primary care services.

The Primary Care Sub-Committee will provide clear, transparent decision making around primary care issues and will enable the CCG to clearly demonstrate proper regard for conflicts of interest in this area. All key decisions will be formally reported to the Governing Body at its meetings held in public, which will ensure transparency of the decision making process.

The CCG will work with NHS England to ensure that monitoring and evaluation arrangements are included within the CCG assurance meetings as part of the mutual assurance process.

## **Stakeholders**

The CCG has a Members Council, the members of which are the Representatives of each of the 24 Member Practices. The Members Council also doubles as our quarterly Practice Link Meeting, the aims of which are to:

- Provide wider clinical input into clinical commissioning decisions
- Provide Member Practice input on CCG governance issues needing the approval of Member Practices
- Provide opportunities for sharing best practice for localities and work-streams.

Because the Members Council is a formally constituted committee of the CCG, we maintain a Register of Interests of the members to ensure that conflicts of interest are managed appropriately.

The CCG has an established primary care development work stream within its existing structure which benefits the whole system through primary care expertise and local knowledge to help shape the overall strategy. We have actively engaged constituent practices and have well established means of communication and involvement with Practice Managers, Practice Nurses and GPs. We have discussed the principles of co-commissioning primary care services with practices and have their overwhelming support and confidence of our ability to deliver this.



Healthwatch Blackpool have committed to leading on the engagement of patients, service users and the public to inform the development of plans. Healthwatch have successfully held two interactive events with members of the public and service users, to consider and debate the health issues in Blackpool. Healthwatch will facilitate patient participation group engagement across Blackpool to further include patients and carers.

The 2014 CCG 360 Stakeholder Survey demonstrated excellent working relationships between stakeholders and the CCG. Out of 28 questions asked of all stakeholders, in the areas of Engagement and listening to views; acting on suggestions and working relationships; commissioning decisions; leadership; quality of services, plans and priorities; and the CCG's wider contribution, Blackpool CCG scored more highly than the average score across all CCGs in England, and more highly than the average score across Lancashire CCGs on 26 of the questions.

### **Summary**

In summary therefore, NHS Blackpool CCG believes that developing robust co-commissioning arrangements with NHS England (and other commissioners) is an essential step to deliver truly integral services at the scale and pace required, to meet the local and national challenges. We believe we have an excellent track record of delivery in an area with many challenges and our strong, well established and effective partnership working provides a solid foundation for success.

Yours sincerely



Dr Amanda Doyle OBE  
Chief Clinical Officer

<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>7</b>
<b>Relevant Officers:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	17 <sup>th</sup> July 2014

## NORTH WEST AMBULANCE SERVICE NHS TRUST

### 1.0 Purpose of the report:

1.1 The Committee to receive a presentation from North West Ambulance Service NHS Trust in relation to its Quality Account for 2013 / 14.

### 2.0 Recommendation(s):

2.1 To note the content of the presentation, asking questions and making recommendations that are considered appropriate.

### 3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the content of the presentation.

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 Improve health and well-being especially for the most disadvantaged.

### 5.0 Background Information

5.1 The final version of the North West Ambulance Service NHS Trust's Quality Account for 2013/14 has now been published. An overview of the content of the document, together with the improvement areas and challenges for the coming year will be provided by way of the presentation.

**5.3 Witnesses/representatives**

5.3.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Tim Butcher, Assistant Director for Quality and Improvement, North West Ambulance Service NHS Trust.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 7a, Quality Account presentation.

**6.0 Legal considerations:**

6.1 N/A

**7.0 Human Resources considerations:**

7.1 N/A

**8.0 Equalities considerations:**

8.1 N/A

**9.0 Financial considerations:**

9.1 N/A

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 North West Ambulance Service NHS Trust Quality Account for 2013/14.

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North West Ambulance Service **NHS**  
NHS Trust



Delivering the right care, at the right time, in the right place

# Quality Account 2013/14

**Blackpool Health Scrutiny Committee**  
**17 July 2014**

**Tim Butcher**  
**Assistant Director for Quality Improvement**

# Our Vision

Delivering the right care, at the right  
time, and in the right place

Delivering the right care, at the right time, in the right place



# Our progress 2013/14

- Successful delivery of Red 1 & 2 - 8 minutes and A19 national targets for the year
- Sound Financial Position
- Received excellent CQC Inspection Report on inspection Cheshire & Mersey area in March 2014
- Foundation Trust application on hold
- New Board appointments
- Commitment to going from “Good to Great”
- Public engagement through Team 999

# Quality Improvement Areas 2013/14

The Trust identified four additional areas for quality improvement in 2013/14

- Improving care for patients with Mental Health issues
- Safer Care Closer to Home (Falls)
- Management of patient waiting times (long waits)
- Isolated Lower Limb Fracture

Good progress reported in each

# 2013/14 Response Time Performance

	Red 1	Red 2	A19%
<b>Greater Manchester</b>	76.1%	77.1%	96.1%
<b>Lancashire</b>	75.3%	78.1%	95.9%
<b>Cheshire</b>	72.2%	74.0%	96.0%
<b>Merseyside</b>	82.0%	81.9%	96.7%
<b>Cumbria</b>	67.7%	71.9%	89.7%
<b>NWAS Overall</b>	75.9%	77.4%	95.8%

# Clinical Performance Indicators 2013/14

Clinical Performance Indicator	2013/14 Performance Target (%)	Actual Q4 Performance 2013/14 (%)
Asthma Management	88.9	88.1
Cardiac Chest Pain Management	76.9	79.7
Hypoglycaemia Management	≥95.0	98.2
Pain Management	94.8	93.6
Patient Pathway	76.3	78.9
PRF Completion	91.3	93.0
Stroke Management	89.2	91.0
Paediatric Care: Febrile Convulsion	61.3	73.0
Trauma Care: Below Knee Fracture	52.9	63.8

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# Patient Transport Services

Indicator	Target	Mar 14	2013/14
Arrival to Appointment: -45 minutes to +15 minutes	90%	85%	74%
Time on vehicle – No greater than 60 minutes	80%	92%	90%
Collection after treatment within 60 minutes	80%	83%	82%
Collection after treatment within 90 minutes	90%	92%	92%
PTS Calls Answered	90%	96%	89%
PTS Calls answered in 20 Seconds	75%	76%	73%
PTS Average Answer Delay	1 min	0:24	0:51

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# Complaints

- New national approach including complaints PALS and enquiries make year on year comparison difficult
- Broadly the number of contacts remains constant at approximately 2500

# Patient Experience

- Increased focus on gathering information from all patients – PTS, Emergency and Urgent Care
- 3911 Programme surveys received
- Continued high levels of satisfaction
- Emphasis on lessons learned
- 97.08% of PES patients surveyed either agreed or strongly agreed that they were treated with dignity, respect, kindness and compassion

## Quality Improvement Areas for 2014/15

- Introduction of a Clinical Performance Indicator for Mental Health patients
- Introduction of a Clinical Performance Indicator for patients suffering falls
- Improvements in care provided to patients with dementia through the Dementia Action Alliance
- Improving the experience of PTS patients
- Introduction of the MERIT (Medical Emergency Response Incident Team)

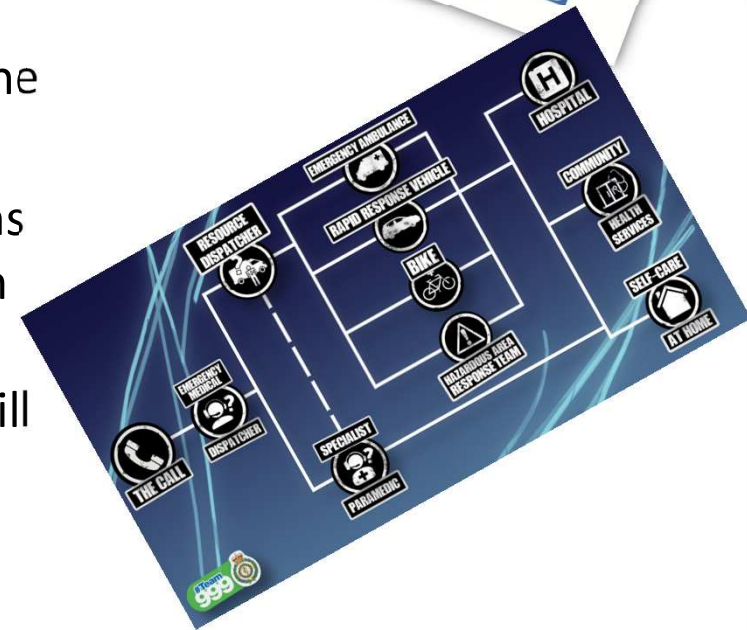


# Future challenge

- Tightening financial position
- Significant increase in activity so far this year
- Maintaining PES performance
  - Address local variations
- Maintain improvements in PTS
- Service reconfiguration
- CQC Inspection w\c 18 August 2014

# Communications and Engagement – #Team 999

- The #Team999 campaign launched last year to educate the public about what to expect from us when calling 999.
- Not all calls require an ambulance to be dispatched or a trip to hospital; some patients may receive care within the community and others could be given self-care advice over the phone.
- #Team999 highlights the various care options available to patients and is made up of seven representative members; who ultimately determine which route of care the patient will follow
- [www.nwas.nhs.uk](http://www.nwas.nhs.uk)



Delivering the right care, at the right time, in the right place

# NWAS – Going from Good2Great Trust launches its five year business plan

We are about people. We are here to serve the community of the North West and provide care to those patients that need us by delivering the **Right Care**, at the **Right Time**, in the **Right Place**.

We are already a **good** organisation, with **good** staff and a **good** reputation... and we want to be even better. This is our five year plan to be **great**.

We want to ensure the **NHS culture of caring** underpins everything we do by:

- **Delivering safe care closer to home**
- **A great place to work**
- **Cause no harm**

Plan circulated to stakeholders

Dedicated website

[www.good2great.nwas.nhs.uk](http://www.good2great.nwas.nhs.uk)

Feedback: [g2g@nwas.nhs.uk](mailto:g2g@nwas.nhs.uk)

## **NHS Culture of Caring**

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Delivering the **right care**, at the **right time**, in the **right place**

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<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>8</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	17 <sup>th</sup> July 2014

## BLACKPOOL HEALTH AND WELLBEING BOARD

### 1.0 Purpose of the report:

1.1 The Committee to consider the minutes from the meeting of the Health and Wellbeing Board on 4<sup>th</sup> June 2014.

### 2.0 Recommendation(s):

2.1 To note the minutes, identifying any issues for scrutiny.

### 3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is kept fully informed of the Health and Wellbeing Board's plans and actions and that any opportunities for recommendations or joint working are identified.

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 Improve health and well-being especially for the most disadvantaged.

**5.0 Background Information**

5.1 Attached at Appendix 8a are the minutes from the meeting of the Blackpool Health and Wellbeing Board that took place on 4<sup>th</sup> June 2014.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 8a, H&WBB minutes 4<sup>th</sup> June 2014.

**6.0 Legal considerations:**

6.1 N/A

**7.0 Human Resources considerations:**

7.1 N/A

**8.0 Equalities considerations:**

8.1 N/A

**9.0 Financial considerations:**

9.1 N/A

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 None.

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## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 4 JUNE 2014

### Present:

Councillors

Clapham

Collett

Rowson

Taylor

David Bonson and Roy Fisher, Blackpool CCG

Delyth Curtis, Assistant Chief Executive Adult Services, Blackpool Council

Sue Harrison, Assistant Chief Executive Children's Services, Blackpool Council,

Dr Arif Rajpura, Assistant Chief Executive Public Health, Blackpool Council

Gary Doherty, Blackpool Victoria Hospitals Trust

Richard Emmess, Blackpool Fylde and Wyre Council for Voluntary Services

Joan Rose, Blackpool Healthwatch

### In Attendance:

Mick Duffell, Lancashire Fire and Rescue

Mr S Gough, Blackpool CCG

Mr N Jack, Chief Executive, Blackpool Council

Mrs C Mckeogh, Deputy Chief Executive, Blackpool Council

Mrs J Mills, Public Health Specialist, Blackpool Council

Ms L Petch, Public Health Specialist, Blackpool Council

Mr I Master, Deputy Police and Crime Commissioner for Lancashire

Mr S Butterfield, Corporate Development Manager, Blackpool Council

Ms T Lloyd-Moore, Health and Wellbeing Officer, Blackpool Council

Mr L Marshall, Head of Adult Services, Blackpool Council

Mrs K Miller, Commissioning Manager, Blackpool Council

Mrs V Raynor, Head of Commissioning, Blackpool Council

Mrs S Shaw, Head of Corporate Development, Engagement and Communication,  
Blackpool Council

Mr L Beattie, Executive and Regulatory Manager, Blackpool Council

Ms A O'Bryan, European Lead Project Search

### Apologies

Apologies were submitted on behalf of Councillor Blackburn, Simon Bone, Dr Amanda Doyle, Jane Higgs, Ian Johnson, Norma Rodgers, Dr Leanne Rudnick and Professor Heather Tierney-Moore

## **MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 4 JUNE 2014**

### **1 APPOINTMENT OF CHAIRMAN**

In the absence of the Chairman and Vice-Chairman the Board considered the appointment of a Chairman for the meeting.

#### **Resolved:**

That Mr Roy Fisher be appointed Chairman for this meeting.

### **2 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

### **3 MINUTES OF THE LAST MEETING HELD ON 23RD APRIL 2014**

#### **Resolved:**

That the minutes of the meeting held on the 23<sup>rd</sup> April 2014 be agreed as a correct record.

### **4 HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE- ANNUAL REPORT 2013/2014**

The Board received a development update from Ms T Lloyd-Moore on the work of the Health and Wellbeing Board and a proposal for the annual report.

#### **Resolved:**

1. To approve the scope of the Health and Wellbeing Board annual report as outlined and to agree that partner organisations submit relevant information for the report by the 13<sup>th</sup> June 2014.
2. To task the Health and Wellbeing Board Policy Officer to prepare a draft annual report for final approval in July 2014.

### **5 STRATEGIC COMMISSIONING GROUP UPDATE**

The Board received a verbal update on issues related to the Strategic Commissioning Group from Delyth Curtis, Assistant Chief Executive Adult Services, Blackpool Council.

The update highlighted the work of the Board including development of the Better Care Fund Locality Model and progress on Mental Health, Healthy Weight and Sexual Health action plans. The Board also considered the notes of the meeting of the Strategic Commissioning Group held on the 14<sup>th</sup> May 2014.

#### **Resolved:**

To note the update and the notes of the meeting of the Strategic Commissioning Group meeting held on the 14<sup>th</sup> May 2014.

## **6 PHARMACEUTICAL NEEDS ASSESSMENT**

The Board received a presentation on the progress towards the creation of an updated Pharmaceutical Needs Assessment for Blackpool from Liz Petch and Stephen Gough.

The Board noted that it was a statutory requirement for all Health and Wellbeing Boards to produce an updated statement of need for pharmaceutical services. The Board was responsible for ensuring the production of such an assessment by the deadline of April 2015.

Mr Gough reminded the Board of the key purposes of the Pharmaceutical Needs Assessment.

It was noted that a pan-Lancashire group had been created to co-ordinate the production of the Pharmaceutical Needs Assessments for Blackpool, Lancashire and Blackburn with Darwen. This group had devised a project plan and begun the process of collating relevant information.

Ms Petch explained that the next step would be starting to draft the assessment which would then be subject to a consultation period in the Autumn and that a draft would be brought to the Board in September for comment.

### **Resolved:**

1. To note the update on the ongoing development of the Pharmaceutical Needs Assessment.
2. To receive a draft version of Blackpool's Pharmaceutical Needs Assessment in September 2014.

## **7 BETTER CARE FUND**

The Board received an update on the Better Care Fund from David Bonson, Blackpool CCG.

David reported that feedback received nationally on Blackpool's final submission had been positive.

The Board noted the Project Initiation Document which set out the context, approach, scope and governance arrangements for Blackpool's Better Care Fund Project. David updated on progress of the project explaining that a Programme Board, led by Andy Roach at the CCG was now in place to co-ordinate delivery and a range of engagement and consultation were underway.

He informed the Board of a recent announcement from the Government in relation to final submissions. The announcement outlined further lines of enquiry that would need to be addressed by local areas before final plans could be taken forward for ministerial sign off. David expected further guidance to be published imminently.

**Resolved:**

That the update be noted.

**8 QUALITY CARE FUND- CHILDREN AND FAMILIES BILL**

**Resolved:**

That consideration of this item be deferred to a future meeting.

**9 QUALITY CARE UPDATE- THE CARE ACT 2014**

The Board received a presentation from Les Marshall, Head of Adult Services, Blackpool Council on the introduction of the Care Act 2014.

Mr Marshall highlighted that the Care Act was a major piece of legislation consolidating a large amount of legislation regarding adult social care and introducing the requirement to assess carers' needs for the first time, capping of personal care costs and the concept of deferred payments. It was noted that there was a large amount for training and development required for staff prior to the full implementation of the legislation in April 2015.

**Resolved:**

1. To note the report.
2. That a further update be provided to the Board in around October.

**10 SOCIAL ISOLATION AND LONELINESS THEMATIC DEBATE**

The Board held a thematic debate on the issue of social isolation and loneliness.

Val Raynor, Head of Commissioning- Blackpool Council and Judith Mills, Public Health Specialist- Blackpool Council gave a presentation to introduce the issue highlighting the links between social isolation and ill health.

The debate centred around how to ensure issues around social inclusion were addressed for all age groups and that links to the Headstart building resilience bid and links to the Better Care Fund bid were formalised. Members also expressed the need to ensure good practice in support for carers across Blackpool.

**Resolved:**

That a small sub-group be created of Richard Emmess, Arif Rajpura, Sue Harrison and Val Raynor to further explore the issue.

## **MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 4 JUNE 2014**

The Board received a presentation on Project Search. The Board received information from Carmel McKeogh, Deputy Chief Executive- Blackpool Council, Kelly Miller, Divisional Commissioning Manager- Blackpool Council, Sally Shaw, Head of Corporate Development, Engagement and Communications and Annie O'Bryan, European Head Project Search.

They outlined the Project Search ethos which had been developed in a number of locations following its creation in the USA and Canada. The aim was to help disabled people secure and keep paid permanent jobs. The initiative was particularly suited to those with moderate to severe learning difficulties and autism.

The presentation outlined a number of success stories for the scheme and how Blackpool Council was to be a lead organisation starting in September 2014, other organisations were invited to be involved in offering job interview opportunities.

### **Resolved:**

To note the project and its potential impact for young people with learning difficulties in Blackpool.

To consider whether Board member organisations could provide employment opportunities for those attending the scheme and to feed this back to Carmel Mc Keogh.

## **12 DATE OF NEXT MEETINGS**

The Board noted the dates of next meetings as

9<sup>th</sup> July 2014

3<sup>rd</sup> September 2014

22<sup>nd</sup> October 2014

### **Chairman**

(The meeting ended at 5.20 pm)

Any queries regarding these minutes, please contact:

Lennox Beattie, Executive and Regulatory Manager

Tel: 01253 477157

E-mail: [lennox.beattie@blackpool.gov.uk](mailto:lennox.beattie@blackpool.gov.uk)

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<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>9</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	17 <sup>th</sup> July 2014

## COMMITTEE WORKPLAN

### 1.0 Purpose of the report:

1.1 The Committee to consider its Workplan for the remainder of the 2014/2015 Municipal Year.

### 2.0 Recommendation(s):

2.1 To consider the Workplan, suggesting any additions or amendments that are considered necessary.

### 3.0 Reasons for recommendation(s):

3.1 To ensure the Workplan is up to date and is an accurate representation of the Committee's work.

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 N/A

**5.0 Background Information**

5.1 Members have the opportunity to review the Workplan and make any suggestions for additions or amendments. A copy of the Workplan is attached at Appendix 9a.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 9a, Committee Workplan.

**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.

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**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2013/14 Municipal Year**

**1. Provider / Commissioner Scrutiny**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	The Committee to receive updates at each meeting and have the opportunity to comment and make recommendations in relation to any developments and changes. To include complaints information on a regular basis.	12 <sup>th</sup> June 2014	17 <sup>th</sup> July 2014
NORTH WEST AMBULANCE SERVICE NHS TRUST	The Committee to receive reports on an ad-hoc basis and have the opportunity to comment and make recommendations in relation to any developments and changes.	26 <sup>th</sup> September 2013.	17 <sup>th</sup> July 2014 (final Quality Account and update from Blackpool perspective). Contact – Tim Butcher.
LANCASHIRE CARE NHS FOUNDATION TRUST	The Committee to receive reports on an ad-hoc basis and have the opportunity to comment and make recommendations in relation to any developments and changes.	24 <sup>th</sup> October 2013	Scheduled for December 2014 and March 2015
BLACKPOOL CLINICAL COMMISSIONING GROUP	The Committee to receive reports and have the opportunity to comment and make recommendations in relation to any developments and changes. Reporting to be based on progress of CCG goals from the commissioning plan within the CCG prospectus.	12 <sup>th</sup> June 2014	17 <sup>th</sup> July 2014

**2. Stakeholder Scrutiny**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
HEALTH AND	To scrutinise the activities and outcomes of the Health	12 <sup>th</sup> June 2014	17 <sup>th</sup> July 2014

**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2013/14 Municipal Year**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
WELLBEING BOARD	and Wellbeing Board		
HEALTH WATCH BLACKPOOL	To receive progress reports and monitor the outcomes of Healthwatch Blackpool, linking in to public involvement and trends in relation to complaints.	6 <sup>th</sup> February 2014	TBC
BETTER CARE FUND	To receive updates regarding the proposals that are being submitted via the HWBB to the Department of Health.	12 <sup>th</sup> June 2014	25 <sup>th</sup> September 2014

**3. Health Inequalities**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
PUBLIC HEALTH	The Committee to receive reports at each meeting in relation to progress on public health matters and comment on the Joint Strategic Needs Assessment (JSNA) and other health inequality topics including alcohol, tobacco control and teenage pregnancy	8 <sup>th</sup> May 2014 (tobacco / alcohol)	25 <sup>th</sup> Sept 2014 – teenage pregnancy (Claire Grant) 6 <sup>th</sup> Nov 2014 – Mortality (Lynn Donkin) Date TBC – Immunisations & Vaccinations

**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2013/14 Municipal Year**

**4. To scrutinise proposals for service changes, substantial developments and other consultation requirements**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
QUALITY ACCOUNTS	To consider Quality Accounts from NHS Healthcare Providers.	8 <sup>th</sup> May 2014	17 <sup>th</sup> July 2014
THE HARBOUR INPATIENT FACILITIES AND TRANSITION PLANNING	To monitor the implementation and transitional arrangements for the new in-patient mental health care centre at the Harbour.	12 <sup>th</sup> June 2014	11 <sup>th</sup> December 2014
JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE AND JOINT TASK GROUPS	To participate in joint Committee activities and task groups.	27 <sup>th</sup> March 2014	17 <sup>th</sup> July 2014

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