

# Public Document Pack

# Blackpool Council

29 October 2014

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

Co opted Members

The above members are requested to attend the:

## **HEALTH SCRUTINY COMMITTEE**

Thursday, 6 November 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 25TH SEPTEMBER 2014** (Pages 1 - 6)

To agree the minutes of the last meeting held on 25<sup>th</sup> September 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 BLACKPOOL CLINICAL COMMISSIONING GROUP** (Pages 11 - 14)

To consider an update report from Blackpool Clinical Commissioning Group.

**5 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST (Pages 15 - 28)**

To receive a presentation titled 'moving forwards – future pathways and strategy'.

**6 IMMUNISATION IN BLACKPOOL (Pages 29 - 40)**

To receive a report on the delivery and take up of immunisation programmes in Blackpool.

**7 COMMITTEE WORKPLAN (Pages 41 - 48)**

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

**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 – 25<sup>th</sup> SEPTEMBER 2014

### Present:

Councillor M Mitchell (Chairman)

Councillors

P Jackson    Hunter    Elmes        Stansfield

Benson        Owen        H Mitchell    Mrs Henderson MBE

### In attendance:

Mr R Fisher, Dr M Johnston and Ms H Skerritt, Blackpool Clinical Commissioning Group.

Mrs P Oliver and Mr P Jebb, Blackpool Teaching Hospitals NHS Foundation Trust.

Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

Ms C Grant, Integrated Commissioning Manager, Adult Services, Blackpool Council.

Ms L Donkin, Public Health Specialist, Blackpool Council.

Mr R Lewis, Mr N Fogg and Mr J Croysdill, Blackpool, Fylde and Wyre 38 Degrees NHS Support Group.

Mr Brandy, Fylde Coast Community Radio and Claremont Community Group.

Councillor E Collett, Cabinet Member for Public Health.

### Also Present:

Mr G Quick, Healthwatch Co-optee.

### 1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

Councillor Benson declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that she was an employee of that Trust.

Councillor Owen declared a personal interest in all agenda items, the nature of the interest being that he was an officer of Blackpool, Fylde and Wyre 38 Degrees NHS Support Group.

### 2. MINUTES OF THE MEETING HELD ON 17<sup>th</sup> JULY 2014

The Committee agreed that the minutes of the meeting held on 17<sup>th</sup> July 2014, be signed by the Chairman as a correct record.

### 3. PUBLIC SPEAKING

## MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 25<sup>th</sup> SEPTEMBER 2014

The Chairman invited the representatives that were present from Blackpool, Fylde and Wyre 38 Degrees NHS Support Group to address the Committee in relation to the written submission that the Group had submitted under this agenda item.

Mr N Fogg referred to part 1 of the submission, which was in connection with the Better Care Fund. In response, the Chairman acknowledged the importance of the Better Care Fund and pointed out that updates in relation to the Fund had been requested at each meeting, providing there was something of note to report. He asked if the representatives from Blackpool Clinical Commissioning Group had anything to add and Dr M Johnston made the following observations;

Following further national guidance, Blackpool's plan for the Better Care Fund had been re submitted earlier in September, although the content of the plan was basically unchanged from that previously reported. Feedback had been received that the substance of the plan was very good. It was anticipated that additional feedback would be received during October, although the final plan was still some time away and it was unsure at this stage what the final plan would look like.

Mr Fogg went on to address the Committee in relation to part 2 of the submission, which was in connection with immunisation take up levels, particularly in relation to infants and hard to reach groups. The Chairman pointed out that a specific item on immunisation would be brought to the next meeting of the Committee on 6<sup>th</sup> November 2014.

Mr R Lewis addressed the Committee in connection with part 3 of the submission which was concerned with Blackpool's high levels of alcohol related health problems. The Chairman pointed out a number of initiatives that were underway in an attempt to reduce the problem, including;

- Awareness raising by Public Health
- Cumulative Impact Policies in certain areas of the town
- Community engagement projects, where local policies were being developed
- Full engagement into the debate on minimum pricing
- Police prosecutions as appropriate
- Licensing sanctions
- A willingness to learn from other areas in relation to good practice

The Committee went on to discuss the matters raised. Ms L Donkin, Public Health Specialist, pointed out that Blackpool ran a number of evidence based campaigns, both locally and regionally, including Drinkwise, which promoted sensible messages around drinking.

Members discussed a particular issue around off sales, together with organisations that offered to deliver alcohol to the home at any time of the night and day. It was acknowledged that unfortunately there was little that could be done to prevent the advertising of such services.

The Chairman thanked the representatives of Blackpool, Fylde and Wyre 38 Degrees NHS Support Group for their valid contributions and the Committee agreed that the matters be noted.

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 25<sup>th</sup> SEPTEMBER 2014**

Background papers: None.

### **4. TEENAGE PREGNANCY UPDATE REPORT**

Ms C Grant, Integrated Commissioning Manager at Blackpool Council, provided the Committee with an update in relation to the ongoing work to reduce teenage pregnancy in Blackpool. Members were informed that in 2010, Blackpool had the worst teenage pregnancy statistics on the Country. Since then, the situation had improved dramatically and Blackpool's position was now 13 / 14<sup>th</sup> from bottom. At the end of February 2014, the rate stood at 42.9 per thousand, which amounted to a 26.2% decrease on the 2013 figure. It was acknowledged that the rate still remained high when compared nationally and so it was important to continue to prioritise the work in this area.

Ms Grant explained the various elements of work that were in place to support the preventative element of teenage pregnancy. The work-stream across Blackpool was currently managed strategically at the Teenage Pregnancy Steering Group, which fed into the Health and Wellbeing Board.

In relation to looked after children, the Committee was informed of the work underway to ensure that minimum standards for their health and wellbeing, including sexual health, were included in contractual agreements with the external providers of residential and leaving care. Work was also underway as part of a pilot to embed consistent quality Personal, Social and Health Education (PSHE) in all secondary schools in Blackpool. This was designed to provide consistent quality messages to young people in a bid to improve their choices and health outcomes, including sexual health. The National Institute for Health Research was involved in evaluating the effectiveness of this programme.

The Committee agreed to note the report.

Background papers: None.

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

The Committee received a presentation from Dr M Johnston on the Strategic Plan for the Blackpool Clinical Commissioning Group (CCG) between 2014–2019. The Plan was aligned with the Better Care Fund Plan and the Health and Wellbeing Board Plans and would ensure an effective commissioning strategy over the next five years.

Dr Johnston explained that proven analysis showed that 48% of the health spend in Blackpool was taken up by 3% of the population and a new model of care was envisaged for that group of patients. This would involve clinicians being based in neighbourhoods caring for patients, rather than patients going into hospital each time. There would be a need for the GP's to work differently, making better use of community resources. It was explained that by breaking the cycle of reactive interventions, hospital admissions would be reduced by 25% and outpatient and accident and emergency attendances would decline by 20%.

Responding to questions from the Committee, Dr Johnston explained that GP practice registration procedure would remain the same, but there would be more joined up

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 25<sup>th</sup> SEPTEMBER 2014**

working around the needs of the patient. A primary carer, known as an Extensivist, would be assigned to follow a patient through their care journey, leading to an improvement in continuity of care. The model would initially be piloted in the Moor Park area.

Mr R Fisher, Chairman of Blackpool CCG, continued with the CCG report by informing the Committee that the Governing Body of the CCG was looking to recruit two new lay members, for a three year term. It was explained that their focus would be strategic and impartial, providing an independent view of the work of the CCG that was external to the day to day running of the organisation.

The Committee went on to receive details of the National Eye Health Week campaign, which was running from 22<sup>nd</sup> to 28<sup>th</sup> September 2014. It involved extensive publicity in promoting the importance of eye care, which was often related to other underlying health conditions. Responding to questions from the Committee, Ms Skerritt explained that many people would be eligible for free eye tests and she agreed to provide the Committee with a list of opticians who would provide home visits.

Members were then informed of the 'How Good is Your Memory' campaign, which had been launched to explain what dementia is; to highlight the signs and symptoms and explain how everyone can lower their risk of developing dementia. Aimed at the age group 50 – 90, it was explained that free memory screening events were taking place across Blackpool as part of the campaign.

To conclude the report, the Committee was informed of and invited to attend a 'Listening Event' with the CCG on 17<sup>th</sup> October 2014 at The Imperial Hotel, Blackpool. The aim of the event would be to provide the public with an update on commissioning schemes and gain feedback on commissioning plans. Feedback would be provided to the Committee at its next meeting in November.

The Committee agreed to note the presentation and report.

Background papers: None.

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

Mr P Jebb, Assistant Director of Nursing for Patient Experience at Blackpool Teaching Hospitals NHS Foundation Trust, delivered a presentation to the Committee on the topic of patient experience, including the collation of data from patient surveys, complaints and compliments.

The Committee received detailed information in the way that the Trust gathered information from patients and how it was acted upon. This included the proactive gathering of information from volunteer 'listeners', in-patient and out-patient surveys, the Friends and Family Survey, the 'Tell us' campaign and the Patient Panel. There was also the opportunity to provide feedback on the Patient Opinion website.

In relation to compliments and complaints, the Committee received the statistical data on how many had been received during July and August, both formal and informal and how these had been dealt with.

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 25<sup>th</sup> SEPTEMBER 2014**

Mr Jebb responded to a number of questions from the Committee. In doing so, he confirmed that the Trust does record and act upon anonymous complaints. He also confirmed that all of the information gathering schemes were Trust based and therefore included both acute and community services.

Mrs P Oliver, Director of Operations at the Trust, updated the Committee in relation to performance issues and partnership working. She reported that the last few months had been extremely challenging for the Trust. This was due to an upsurge in visitors to the area and an increase in admissions due to dehydration problems and excess drinking during the good weather. Various special events in the town had impacted greatly upon hospital services and the Trust was working closely with partners and commissioners to minimise the impact, particularly at peak period times.

The Committee was informed that the Fylde Coast was still waiting news on its bid to be included in the NHS Accelerate Programme. Members were reminded that the Programme was a pilot aimed at accelerating the implementation of out-of-hospitals models of care and was set to announce its selected health and social care economies shortly.

The Committee agreed to note the content of the presentation and report.

Background papers: None.

### **7. PUBLIC HEALTH ANNUAL REPORT 2013**

Ms L Donkin, Public Health Specialist, presented the Committee with the Public Health Annual Report for 2013. She explained that the purpose of the report was to present the Director of Public Health's independent assessment of local health needs, determinants and concerns.

It was explained that the report was focussed on lifestyles and considered the role of smoking, drinking, alcohol, lack of exercise and unhealthy diets on the health of people living in the town. It also examined at what could be done to promote and enable people to make healthier lifestyle choices.

Members of the Committee made comment on what was seen to be a very encouraging report, which contained first rate analysis and recommendations.

The Committee agreed to note the report.

Background papers: None.

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

The Committee considered the minutes from the meeting of the Health and Wellbeing Board on 3<sup>rd</sup> September 2014.

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

**MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 25<sup>th</sup>  
SEPTEMBER 2014**

Background papers: None.

**9. 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.

**10. DATE OF NEXT MEETING**

The Committee noted the date of the next meeting as Thursday 6<sup>th</sup> November 2014 at 6.00 p.m.

**Chairman**

(The meeting ended at 7.52 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)



<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>	6 <sup>th</sup> November 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 Officers:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	6 <sup>th</sup> November 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 Spire Hospitals Complaint / Choice of Provider**

5.1.1 In September 2013, Spire Healthcare Limited complained to Monitor that Blackpool CCG and Fylde and Wyre CCG had taken a number of actions which had led to patients being directed away from Spire Fylde Coast Hospitals and towards Blackpool Teaching Hospitals NHS Foundation Trust, specifically;

- Entering into a “block” contract with Blackpool Teachings Hospitals.
- CCGs had not met their obligations to ensure that GPs offered patients a choice of provider for first out-patient appointments or publicised the availability of choice.

In September 2014, Monitor concluded its investigation and found no evidence to support the allegation that patients were being directed away from Spire but the CCGs could do more to ensure choice was offered.

Further information will be presented at the meeting on the nature of the complaint and further actions being taken by the CCG to promote patient choice.

## **5.2 Listening Event**

5.2.1 A verbal update will be provided to the Committee following the public Listening event held at the Imperial Hotel on Friday 17<sup>th</sup> October.

## **5.3 Witnesses/representatives**

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

- Dr Amanda Doyle OBE, Chief Clinical Officer, Blackpool Clinical Commissioning Group

### **List of Appendices:**

None.

## **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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<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>	6 <sup>th</sup> November 2014

## BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

### 1.0 Purpose of the report:

1.1 The Committee to receive a presentation titled 'moving forwards – future pathways and strategy'.

### 2.0 Recommendation(s):

2.1 To note the content of the presentation, ask questions and make 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 Members from the Trust will be in attendance at the meeting to deliver the presentation and address any questions.

**5.2 Witnesses/representatives**

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

- Mrs Wendy Swift, Director of Strategy/Deputy Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust.
- Dr Vicki Ellarby, Deputy Director of Strategy and Business Development Blackpool Teaching Hospitals NHS Foundation Trust

**List of Appendices:**

Appendix 5a, future pathways and strategy 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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# Moving forwards

## Future pathways and strategy

**Wendy Swift**

**Deputy Chief Executive / Director of Strategy**



## Strategic objectives...

- To provide an **holistic model of care, with treatment undertaken in community settings wherever possible.**
- To **prevent unnecessary emergency admissions to hospital through delivery of new service models** that provide enhanced support in community settings and integrated care for the most needy and frail patients.
- To provide **safe, high quality and patient-centred care**, using evidence-based pathways to deliver standardised approaches to care with positive outcomes.
- To be **financially viable**, managing services within available resources, allowing us to invest in our future.
- To support and develop a **skilled, motivated and flexible workforce** that is able to innovate in the development of our services.



## Key areas of focus within our strategic plans...

- Frail elderly & those with multiple & complex health / social needs
  - Development of new models of care that are aligned with the NHS Five Year Forward View, published October 2014
- Urgent & emergency care services
  - Streamlined access to services in the most appropriate environment
- Community-based services
  - Increased number of services in community settings centred around neighbourhood models of care
- Planned care
  - Partnership working to ensure safe, sustainable services for the Fylde Coast



## Frail elderly & those with multiple, complex health and social care needs

- A move away from fragmented, reactive, hospital-based services towards continuous, proactive, community-centred care
- Joined-up approach to the management of patients' needs, centred around a shared care plan – acute, community, mental health, social care.

### Extensivist model of care (Fylde Coast)

- Patients aged 60+, with 2 or more long term conditions, at high risk of unplanned admission
- Coordination of disease specific care programmes and general intervention programmes (from existing service provision such as community heart failure services or End of Life care)
- Care provided at locations that are matched to the needs of the individual and cohort of patients (e.g. domiciliary visits, primary care centres, care homes)

### Enhanced primary care / neighbourhood models

- Improved coordination of primary care activity linked to neighbourhoods
- Trust will provide community health service support to the enhanced primary care service, with teams linked to each neighbourhood and tailored to the population's specific needs





## Urgent and emergency care

- Access to the most appropriate care in the right environment. This will be in a number of settings across the region, maintaining Emergency Department provision at BVH
- Streamlining of patients through emergency care
- Creation of single Clinical Decision Unit
- Creation of Frail Elderly Unit (linked to extensivist model of care)
- Named clinician responsible for overall care and treatment



## Community-based services

- Alignment of community services to primary care neighbourhoods
- 'Virtual ward' models of care
- Increased use of telehealth solutions
- Expansion of support to residential homes, supporting patients across five key areas – falls, end of life care, improved swallowing and nutrition, pressure ulcer prevention and urinary tract infections
- Expansion of other 'alternatives to hospital', including the community IV therapy service and Rapid Response Team
- Partnership working across the Head Start and Better Start programmes in Blackpool



## Planned care

- Admission to the acute hospital only when acute care is necessary
- Standardised care pathways will be used across the diagnostic, treatment, recovery and rehabilitation stages of patient care
- Ambulatory care centres
- Early supported discharge
- Outpatient activity for long term conditions in community-based settings (linked to the extensivist model of care)
- Development of a complex pregnancy suite
- Partnership working across Lancashire to develop shared service models, particularly in those clinical services that are specialist in nature or treat small numbers of patients. By sharing clinical expertise, we can improve clinical outcomes and recruit the right number of doctors and nurses.



## Provision of safe, high quality care

- Learning from our CQC inspection in 2014
- Ensuring appropriate levels of clinical staffing
- Continued use of care pathways, focusing on conditions with higher than expected mortality and/or linked to meeting our quality standards
- Incident reporting and learning from incidents
- Quality of record keeping and access to information in patient records, including the introduction of electronic patient records to deliver seamless information flows across acute and community services, and onward into primary, social and mental health care
- Enhanced processes for service users to share their experiences with the Trust



# Questions?

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<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>	6 <sup>th</sup> November 2014

## IMMUNISATION IN BLACKPOOL

### 1.0 Purpose of the report:

1.1 The Committee to receive a report on the delivery and take up of immunisation programmes in Blackpool.

### 2.0 Recommendation(s):

2.1 To note the content of the report, ask questions and make 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 The full report is attached at Appendix 6a.

**5.2 Witnesses/representatives**

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

- Martin Samangaya, Screening and Immunisation Manager, NHS England – Lancashire Area Team.

**List of Appendices:**

Appendix 6a, Immunisation report.

**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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**NHS England Lancashire Area Team**

# **HEALTH SCRUTINY-BLACKPOOL**

**November 2014**

**Martin Samangaya**

**Screening and Immunisation Manager**

## 1). Introduction

Immunisation is an extremely safe and cost-effective public health intervention. It reduces the human suffering and loss of life previously associated with vaccine preventable disease, reduces levels of post-infection disability and long term ill health and has a positive impact on the financial burden that would otherwise fall on families, health and social care services.

While the primary aim of immunisation is to protect the individual, high uptake levels in a community also protect vulnerable individuals too young or too frail to receive the immunisation themselves. This protection is achieved by reducing the risk of the spread of disease by the so-called herd immunity effect especially if an uptake target of 95% is achieved.

## 2). The delivery of immunisation programmes

Immunisation programmes in England have traditionally been delivered via primary care in GP practices. Some of the targeted immunisation like BCG and Hepatitis B are also delivered in acute setting or community clinics by specialist teams. The national immunisation programmes are well planned, well-resourced and uptake levels are high, although in some areas uptake is low and do not achieve the rates required for robust herd immunity.

When immunisation rates fall below their target levels there is a risk that disease outbreaks may occur, as evidence by last year's UK-wide measles outbreak that particularly affected school children age 10-16 years who had not being immunised or partly immunised with the measles, mumps and rubella (MMR) vaccine.

## 3). New immunisation programmes in 2013/2014

In 2013 a number of new immunisation programmes were introduced and the table below gives a summary of the programmes. All the programmes apart from the Adolescent Men C are currently being delivered in primary care and the Adolescent Men C via the school nursing service.

Programme	Comments
Rotavirus	<ul style="list-style-type: none"><li>From 1<sup>st</sup> July 2013 Rotavirus given to infants aged 2 and 3 months (two doses)</li></ul>
Shingles	<ul style="list-style-type: none"><li>From 1<sup>st</sup> September given to people aged 70 years and 79 years only a single dose required</li></ul>
Childhood Influenza	<ul style="list-style-type: none"><li>From 1<sup>st</sup> September all children aged 2 and 3 years old – given an influenza nasal spray. From 1<sup>st</sup> September 2014 to include all children aged 2 to 4 years old</li></ul>
Adolescent Meningitis C Booster	<ul style="list-style-type: none"><li>From 1<sup>st</sup> September 2013 Meningitis C booster for adolescents in Year 10</li></ul>
University Freshers Meningitis C Booster	<ul style="list-style-type: none"><li>From 1<sup>st</sup> September 2014 Men C booster for University Freshers</li></ul>

#### 4). Cases of vaccine preventable diseases

Vaccine preventable diseases are statutory notifiable diseases and clinicians are supposed to report any suspected cases to the Health Protection Teams at Public Health England. Below is a list of confirmed cases of measles, mumps and pertussis (whooping cough) in Blackpool from 2010-2014.

Disease	2010	2011	2012	2013	2014*
Measles	1	0	10	0	0
Mumps	3	5	13	10	0
Pertussis	0	2	2	2	2
<b>Total in Year</b>	<b>4</b>	<b>7</b>	<b>25</b>	<b>12</b>	<b>2</b>

*\*Up to the end of September 2014*

The immunisation uptake figures of Blackpool from 2010 to 2014 are highlighted in appendix 1 page 5 to 7. The WHO recommended target for immunisation uptake/coverage is 95%

#### 5).What's going well?

- The immunisation uptake figures across Blackpool have been good and above the national average. The practices have systems in place to call and recall children needing vaccination.
- The immunisation uptake tables by age group in appendix highlight that although the majority of the children are being immunised there still pockets of un-immunised children in the area.
- NHS England Lancashire Area Team's immunisation governance structure is now in place with three immunisation sub-groups, 0-5 Immunisation Programmes, School Age Immunisation Programmes and Adult and Seasonal Immunisation Programme. The sub-groups report to the Screening and Immunisation Oversight Group (SIOG) which is chaired by the Director of Commissioning.
- The Screening and Immunisation Team (SIT) have designated Duty Desk line and a generic email address which they use to deal with immunisation queries from immunisers across the Area Team.
- SIT also developed a dashboard with practice level data which they will be using to support GP practices to improve screening and immunisation uptake. A resource pack with top tips has been developed and will be used during the practice visits.
- As part of the MMR Plan B following the national measles outbreak last year, a specialist immunisation team undertook some work to target the hard to reach communities and identify children with outstanding immunisations.

#### 6). Current Issues

- Immunisation uptake figures have remained poor for the following programmes Age 2 1<sup>st</sup> MMR, Age 5 2<sup>nd</sup> MMR and the Preschool booster below 90%. This highlights

that there is a cohort of children starting primary school with incomplete immunisation, making them susceptible to vaccine preventable diseases.

- The majority of the childhood immunisation programmes are delivered in primary care and uptake can be dependent on the flexibility of GP practices with their immunisations clinics. The practices that don't have enough clinic slots for immunisations means there is a long list of children still waiting for appointments.
- There have been issues with data recording in some areas, where details of the children immunised in primary care is not fed back to the Child Health Information System (CHIs) causing under reporting and inaccurate uptake figures.

## **7). Future plans**

- The Screening and Immunisation Team continues to engage with CCGs, local authorities and providers via the three immunisation sub-groups in order to ensure improvement of immunisation uptake figures.
- The practice visits by the Screening and Immunisation Co-ordinators commenced in August 2014 and are targeting poor performing practices, supporting them with relevant issues on performance and how to improve immunisation uptake.
- The Screening and Immunisation Co-ordinators have been engaging with Practice Nurse Forums and will continue to work closely and support forums.
- The Screening and Immunisation Team is monitoring the immunisation waiting list via the Child Health Teams who schedule the immunisation clinics. The practices with long waiting lists will be contacted by the Screening and Immunisation Co-ordinators.

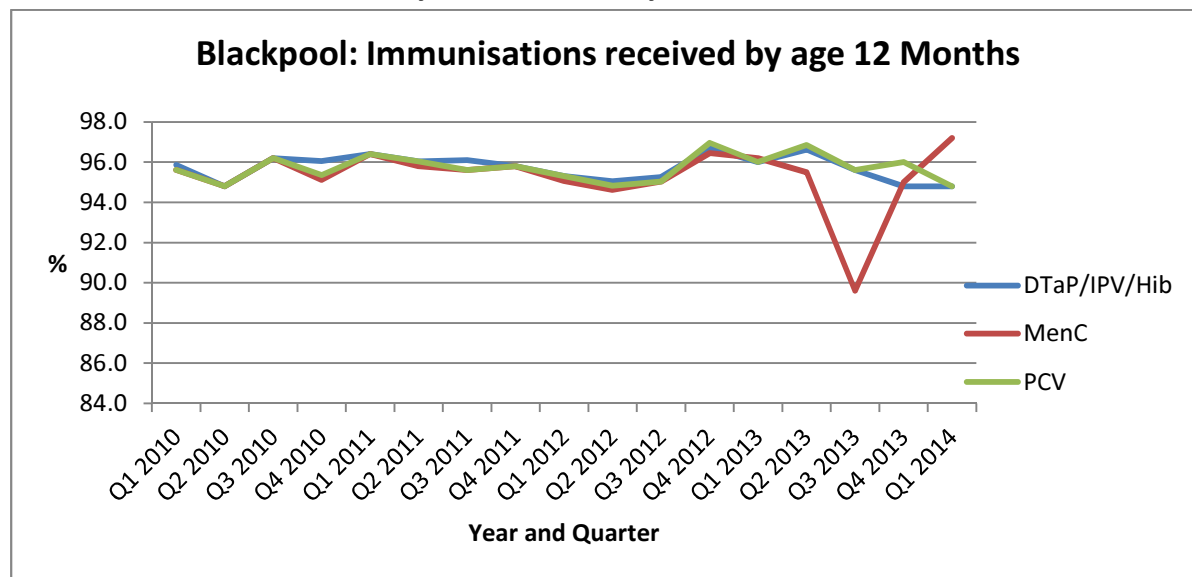
## **8). Summary**

- The childhood immunisation uptake figures are generally good across Blackpool and Lancashire.
- There has been on-going reporting and data issues in some parts of Lancashire which is currently being addressed via the 0-5 and Targeted immunisation sub-group working with GP practices, CCGs and Child Health teams.
- We are aware that with some of the programme the recommended 95% uptake target is not being met and therefore there are pockets of unvaccinated children susceptible to vaccine preventable diseases.

## APPENDIX 1

### Immunisation uptake trend in Blackpool: Quarter 1: 2010 to Quarter 1: 2014

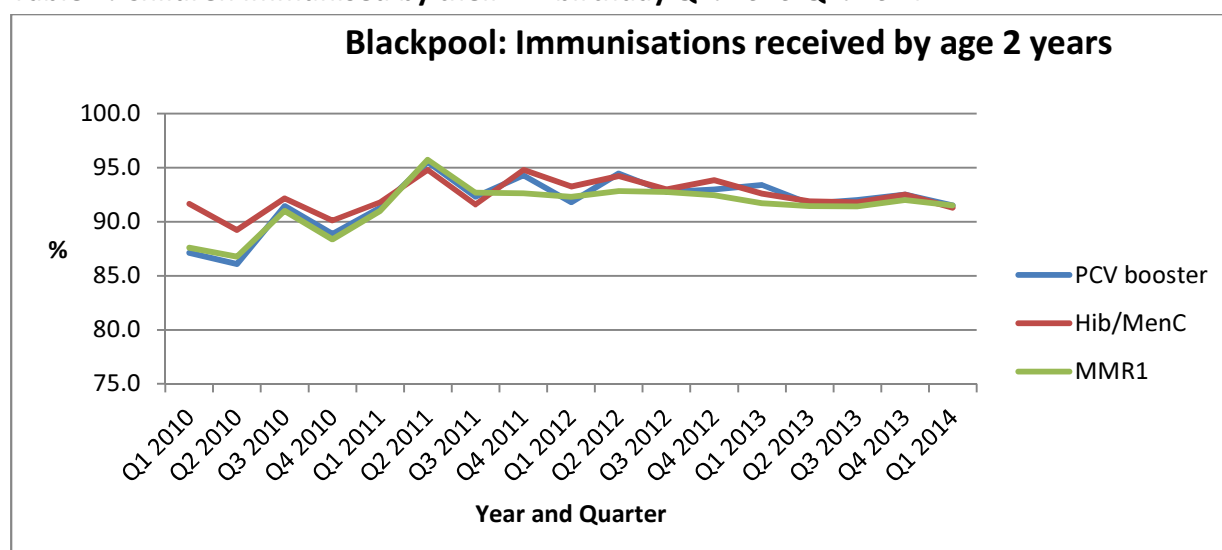
Table 1: Children immunised by their 1<sup>st</sup> birthday Q1: 2010-Q1: 2014



The above figures are for children who have received their third dose of diphtheria, tetanus, polio, pertussis and Haemophilus influenzae type b (Hib) (DTaP/IPV/Hib) by the age of 12 months. The third dose according to the UK immunisation schedule is given at the age of 4 months, if missed it can be given at any other time.

The Meningitis C (Men C) vaccine two doses were given at the age of 3 and 4 months. The programme changed from June 2013 and only a single dose of the vaccine is given at 3 months. The Pneumococcal (PCV) vaccine two doses of the vaccine are given at the age 2 and 4 months. Blackpool CCG uptake figures are good and above national average.

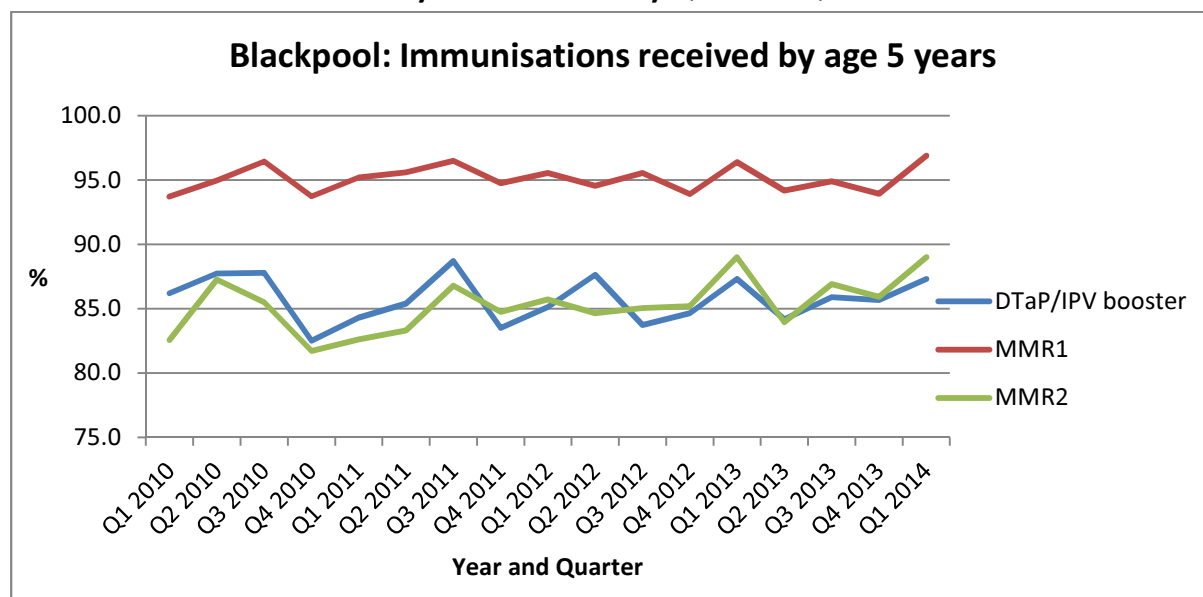
Table 2: Children immunised by their 2<sup>nd</sup> birthday Q1: 2010-Q1: 2014



The table above highlights the uptake figures of children who have received the Hib/Men C booster, Pneumococcal booster (PCV) and their first dose of measles, mumps and rubella

(MMR) by the age of 2 years old. The three vaccines are given when children are 12 months old, the uptake figures are above national average.

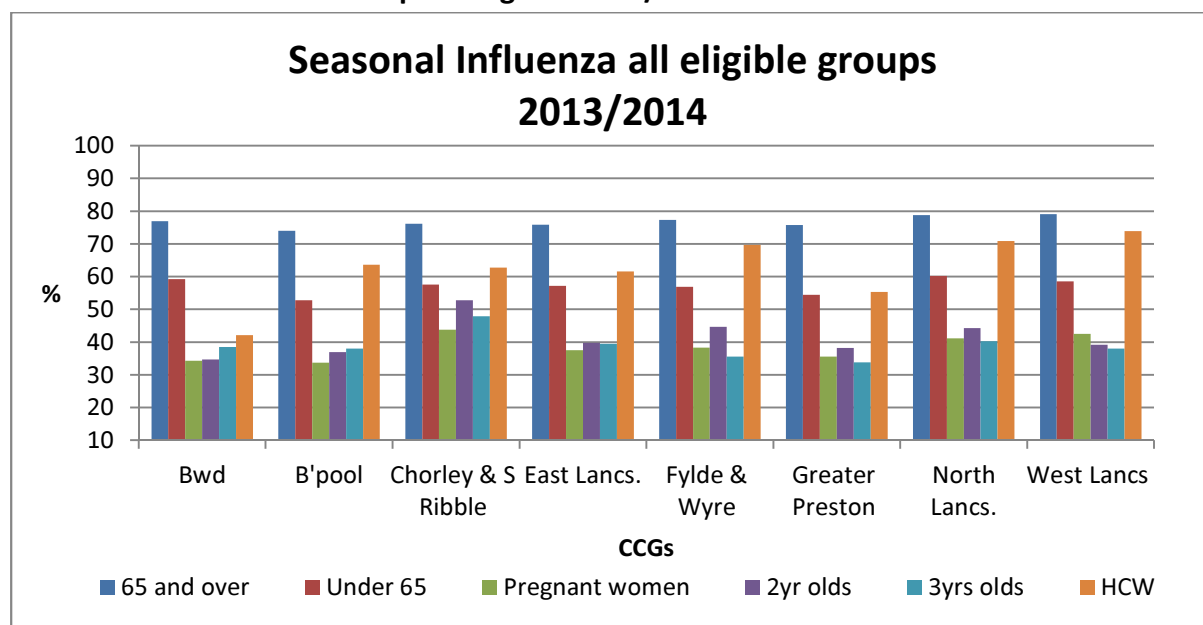
**Table 3: Children immunised by their 5<sup>th</sup> birthday Q1: 2010-Q1: 2014**



The table above highlights the uptake figures of children who have received their diphtheria, tetanus, polio and pertussis DTaP/IPV (pre-school booster), their first and second MMR vaccination by the age of 5 years old. The pre-school booster and 2<sup>nd</sup> MMR dose are given when children are between the ages of 3 years 4 months to 5 years old.

The uptake figures for the preschool booster and 2<sup>nd</sup> MMR are poor and have remained the same since 2010. Although a number of children are not getting immunised with the first dose of MMR by the age of 2 years the majority of the children are getting their first dose before the age of 5 years old.

**Table 4: Seasonal Influenza Uptake figures 2013/2014**





The 2013/2014 seasonal influenza data is presented by CCG locality. The uptake target for patients aged 65 years and over and under 65yrs in clinical risk groups was 75% and this target was met by 7 of the 8 CCGs. There is no target for all the other clinical risk groups. The Blackpool uptake figures were as follows:

<b>CCG</b>	<b>65yrs &amp; over</b>	<b>Under 65yrs</b>	<b>Pregnant women</b>	<b>2yr olds</b>	<b>3yrs olds</b>	<b>Healthcare workers</b>
Blackpool	74.0%	52.8%	33.7%	36.9%	38.0%	63.6%

- This year NHS England Lancashire Area Team commissioned the community pharmacies to deliver the 2014/2015 seasonal influenza programme to clinical risk groups

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<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>7</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	6 <sup>th</sup> November 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 7a.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 7a, 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**  
**2014/15 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.	25 <sup>th</sup> September 2014	6 <sup>th</sup> November 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.	17 <sup>th</sup> July 2014	TBA.
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. To include a regular update on the Better Care Fund.	25 <sup>th</sup> September 2014	6 <sup>th</sup> November 2014

**2. Stakeholder Scrutiny**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
HEALTH AND WELLBEING BOARD	To scrutinise the activities and outcomes of the Health and Wellbeing Board	25 <sup>th</sup> September 2014	11 <sup>th</sup> December 2014

**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2014/15 Municipal Year**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
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.	25th September 2014	11 <sup>th</sup> December 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 – Immunisations & Vaccinations 11 <sup>th</sup> Dec 2014 - Mortality (Lynn Donkin)

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



**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2014/15 Municipal Year**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
QUALITY ACCOUNTS	To consider Quality Accounts from NHS Healthcare Providers.	17 <sup>th</sup> July 2014	Approx March 2015
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.	17 <sup>th</sup> July 2014	As required

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