

# MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 6<sup>th</sup> NOVEMBER 2014

## **Present:**

Councillor M Mitchell (Chairman)

Councillors

D Coleman   Hunter   Elmes   Stansfield

Benson   Owen

## **In attendance:**

Mr R Fisher and Dr A Doyle, Blackpool Clinical Commissioning Group.

Ms W Swift, Blackpool Teaching Hospitals NHS Foundation Trust.

Mr M Samangaya, NHS England, Lancashire Area Team.

Ms L Donkin, Public Health Specialist, Blackpool Council.

Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

## **Also Present:**

Ms B Charlton, 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 25<sup>th</sup> SEPTEMBER 2014**

The Committee agreed that the minutes of the meeting held on 25<sup>th</sup> September 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. BLACKPOOL CLINICAL COMMISSIONING GROUP**

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Dr A Doyle OBE, Chief Clinical Officer at Blackpool Clinical Commissioning Group (CCG), provided an update to the Committee in relation to a complaint that had been made by Spire Healthcare Limited against the CCG.

The Committee was informed that in September 2013, Spire Healthcare Limited had 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 Teaching Hospitals.
- CCG's had not met their obligations to ensure that GP's 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, although did conclude that the CCG's could do more to ensure choice was offered. Specifically, it found that posters regarding choice options were not displayed in GP surgeries and that information on choice was not available on the front page of the CCG website. Dr Doyle did point out that Blackpool was in fact one of the highest users of choose and book. It was also pointed out that there had been no change in pattern over a 3 year period regarding referrals to Blackpool Victoria Hospital under the choose and book system.

The Committee observed that the investigation following the complaint must have taken up a huge amount of resource, which was unable to be justified. Dr Doyle agreed to provide an update to the Committee at its next meeting as to the undertakings that were to be agreed with Monitor following the complaint findings.

The Committee was then provided with an update regarding the NHS Listening Event that had been held at the Imperial Hotel in Blackpool on 17<sup>th</sup> October. The event consisted of several presentations, including the CCG commissioning plans and patient choice. There was also a question and answer open session. The Committee was informed that Healthwatch Blackpool had been disappointed with the attendance figures, which were around 60 in total, although the Blackpool, Fylde and Wyre 38 Degrees NHS Support Group had reported that it had been a very good event.

The Committee agreed to note the report.

Background papers: None.

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

The Committee received a presentation from Ms W Swift, Deputy Chief Executive and Director of Strategy at Blackpool Teaching Hospitals NHS Trust, entitled 'Moving Forwards, Future Pathways and Strategy'.

The Trust's strategic objectives were outlined to the Committee as follows;

- To provide an holistic model of care, with treatment undertaken in community settings wherever possible

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- To prevent unnecessary emergency admissions to hospital through delivery of new service models that provided 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 future investment
- To support and develop a skilled, motivated and flexible workforce that was able to innovate in the development of services

Ms Swift went on to outline 4 key areas of focus within the objectives as follows;

- Frail elderly and those with multiple and complex health and/or social needs – development of new models of care that were aligned with the NHS Five Year Forward View, published in October 2014
- Urgent and 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

The Committee then received more detailed information around the 4 key areas of focus, including more details of the Extensivist model of care that was being developed for the Fylde Coast.

Responding to questions from the Committee, Ms Swift confirmed that whilst the community nurse service did not currently operate 24 hours, the Trust was looking to extend the service. She confirmed that Hospital Trust Community Services was exclusively staffed by NHS employees and that Adult Social Care employed outside agencies that were strictly regulated.

The Committee received assurances that information sharing between GP surgeries and the Hospital Trust was now linked and that Moor Park and other health centres would have consultancy services. The Committee observed that an improved coalition of working between consultants and nursing staff would be a good thing.

The Committee agreed to note the presentation and report.

Background papers: None.

### **6. IMMUNISATION IN BLACKPOOL**

Mr M Samangaya, Screening and Immunisation Manager for NHS England, Lancashire Area Team, presented a report to the Committee on the delivery and take up of immunisation programmes in Blackpool.

Members were informed that immunisation was an extremely safe and cost-effective public health intervention. It reduced the human suffering and loss of life previously associated with vaccine preventable disease, reduced levels of post-infection disability

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and long term ill health and had a positive impact on the financial burden that would otherwise fall on families, health and social care services.

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

The Committee was informed of a number of new immunisation programmes for 2013/2014. Amongst those was Shingles for people aged 70 and 79 and it was confirmed that this was available across all GP's in Blackpool.

The statistics reported that immunisation uptake figures across Blackpool had been good and above the national average although there were still pockets of un-immunised children in the area. 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.

It was reported that immunisation uptake figures remained poor for the following programmes; Age 2 1st MMR, Age 5 2nd MMR and the preschool booster which were recorded below 90%. This highlighted that there was a cohort of children starting primary school with incomplete immunisation, which made them susceptible to vaccine preventable diseases. The majority of the childhood immunisation programmes were delivered in primary care and uptake could be dependent on the flexibility of GP practices with their immunisations clinics. The practices that did not have enough clinic slots for immunisations meant there was a long list of children still waiting for appointments. However, it was reported that there had been issues with data recording in some areas, where details of the children immunised in primary care was not being fed back to the Child Health Information System (CHIs), causing under reporting and inaccurate uptake figures.

Mr Samangoya went on to outline future plans for the service as follows:

- To continue 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 were targeting poor performing practices, supporting them with relevant issues on performance and how to improve immunisation uptake.
- The Screening and Immunisation Co-ordinators had been engaging with Practice Nurse Forums and would continue to work closely and support forums.
- The Screening and Immunisation Team was monitoring the immunisation waiting list via the Child Health Teams who schedule the immunisation clinics. The practices with long waiting lists would be contacted by the Screening and Immunisation Co-ordinators.

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In summary, Mr Samangaya concluded his report by explaining that the childhood immunisation uptake figures were generally good across Blackpool and Lancashire. However, there had been on-going reporting and data issues in some parts of Lancashire which was currently being addressed via the 0-5 and targeted immunisation sub-group working with GP practices, CCGs and child health teams. It was acknowledged that with some of the programme, the recommended 95% uptake target was not being met and therefore there were pockets of unvaccinated children susceptible to vaccine preventable diseases.

The Committee discussed the situation where take up rates were below 90% and asked questions as to what could be done to further improve the situation. It was acknowledged that the MMR immunisation scare that took place some years ago may still be a minor contributory factor, although assurances were given that the MMR vaccine was now perfectly safe. The Committee suggested that more could be done around publicity and Mr Samangaya agreed to look into doing more to provide posters that could be displayed in children's nurseries and to investigate possible commissioning arrangements to undertake vaccinations in children's centres.

The Committee also discussed the alternatives to injections, for children and adults who were needlephobic. Mr Samangoya advised that nasal applications were available to all GP's for children's flu and that Rotovirus was available as an oral drop. He suggested that GP surgeries would be able to advise in relation to certain adult cases.

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. DATE OF NEXT MEETING**

The Committee noted the date of the next meeting as Thursday 11<sup>th</sup> December 2014 at 6.00 p.m.

### **Chairman**

(The meeting ended at 7.35 pm)

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Any queries regarding these minutes, please contact:  
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