

**HEALTH COMMITTEE: MINUTES**

**Date:** Tuesday 8<sup>th</sup> February 2018

**Time:** 3:00pm to 4:35pm

**Present:** Councillors C Boden, D Connor (substituting for Councillor P Topping), L Harford, M Howell (substituting for Councillor K Reynolds), P Hudson (Chairman), D Jenkins, L Jones, T Sanderson and S van de Venn.

District Councillors M Abbott (Cambridge City), S Ellington (South Cambridgeshire) and J Tavener (Huntingdonshire).

**Apologies:** County Councillors L Dupre, K Reynolds P Topping and District Councillor Cornwell.

**89. DECLARATIONS OF INTEREST**

None

**90. MINUTES – 16<sup>TH</sup> JANUARY 2018 AND ACTION LOG:**

The minutes of the meeting held on 16<sup>th</sup> January 2018 were agreed as a correct record and signed by the Chairman.

The action log was noted.

**91. PETITIONS**

No petitions were received.

**92. NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPT) PERFORMANCE 6 MONTH UPDATE**

The Committee received a report that provided an update regarding the performance of the Non-Emergency Patient Transport Service (NEPT). In presenting the report, the Associate Director, Commissioning and Contracting drew attention to the work undertaken by the service in collaboration with the Clinical Commissioning Group (CCG) and Hospital Trusts that developed an action plan addressing the performance of the service.

During discussion of the report Members:

- Sought greater clarity and understanding regarding the challenges faced by the service. Officers explained that there were initial issues regarding the activity levels when the contract was tendered that required large scale re-modelling of the service. Further work was required with acute hospitals and their performance regarding aborted calls where patients were either not ready for transportation or had made their own way to the hospital. Members were informed that there had been significant issues relating to the recruitment of staff that have improved but

some issues remained that needed to be addressed. A new job role had been designed for NEPTs provision via a car journey only. Officers informed Members that the NEPT Service was a planned service but was affected by the pressure and levels of demand experienced by Accident and Emergency departments including the focus of hospitals to release beds as promptly as possible.

- Welcomed the evidence of progress made regarding the service and questioned the ability of the service to meet targets that were dependent on circumstances that were out of the control of the service. Officers informed Members that the aim was to meet the set targets. The timing regarding the meeting of the targets had been realistic and early indicators relating to on the day discharges and collections having improved significantly. However, the impact of major infrastructure projects such as the new A14 and staff recruitment were challenging to manage.

Noted the positive relationship between the service and the Clinical Commissioning Group (CCG). There were regular meetings and a close working relationship between the CCG and in addition to the monthly contract meetings there were quality meetings with the acute hospitals and NEPT service.

- Noted that vehicles were not routinely shared between NEPTS and the East of England Ambulance Service Trust (EEAST) however vehicles were able to be shared if there was a large scale emergency and they were not required by the service.
- Questioned whether there were geographical variations regarding performance across the CCG area. Officers explained that data had begun to be collated that demonstrated variations by acute hospital. Members noted that exception reasons were recorded for delays and each exception was classified as either acceptable or unacceptable. When classified as acceptable the CCG removed the delay from the performance data.
- Noted that activity data for Hinchingsbrooke Hospital regarding discharging was not included within the original specification for the contract which had caused significant issues and therefore had been subject to significant remodelling that addressed the issues.
- Noted that if the high levels of aborted transports from hospitals then work would be undertaken with the specific wards and the newly appointed Discharge Coordinator to improve performance.
- Queried the level of collaboration with community transport services. Officers explained that patients who did not qualify for hospital transport were signposted to community transport services in their area.
- In summation the Chairman proposed with the unanimous agreement of the Committee that the CCG provide a briefing in 4 months' time regarding the performance of the service and that the NEPT Service, following the completion of

the action plan in May 2018, returned to the Committee to provide an update regarding the performance of the service including data by geographical area.

It was resolved to:

- a) Note the contents of the report.
- b) Request that the Clinical Commissioning Group (CCG) provide a briefing in 4 months' time regarding the performance of the service.
- c) Request that the NEPT Service, following completion of the action plan in May 2018, return to the Health Committee to provide an update regarding the performance of the service that includes a breakdown by geographical area.

### **93. EAST OF ENGLAND AMBULANCE SERVICE TRUST (EEAST)**

Members were presented an overview of the East Anglian Ambulance Service Trust, provided by the Director of Service Delivery and the Interim Sector Head that drew attention to the demand the service was facing, its performance in Cambridgeshire and the issues that affected its performance.

In making their presentation officers highlighted the change that occurred in October 2017 regarding the measurement of performance that focussed more greatly on providing the most appropriate response to the emergency.

Members were informed that the service had not been commissioned to deliver the new national standards of performance and a service review that took place in December 2017 identified that the service required £27m of investment in recruitment and the vehicle fleet in order those standards be delivered.

There were significant delays in handing over patients to Accident and Emergency Departments upon arrival at hospital. In December there were 3,300 delayed patient handovers that exceeded 1 hour for the eastern region.

Officers highlighted the performance of the service in terms of patient care which was rated as very good and the region performed above the national average.

A significant number of calls, 1 in 5 related to falls and the service had responded to the increased demand arising from falls. Officers commented that fallers did not necessarily require an ambulance therefore, by establishing early intervention falls workers as part of a multi-agency team that responded to the needs of the community pressures may be reduced.

During the course of discussion Members:

- Noted that 3,300 occurrences of delay of more than 1 hour in the handover of patients at Accident and Emergency Departments related to the eastern region as a whole. Officers agreed to provide Members with information that showed performance in Cambridgeshire. **ACTION**

- Drew attention to the funding the Council had provided to falls prevention programmes and the intelligence and data EFAST would be able to provide in assisting such programmes with particular reference to falls that occurred outside the home. Officers informed Members that information was provided through meetings of the Sustainability Transformation Partnership (STP) and highlighted the early intervention work the service was conducting regarding falls prevention, including the use of early intervention vehicles. It was confirmed that the performance of the vehicles were independently evaluated by Health Watch. The service also collaborated closely with the Fire and Rescue Service regarding falls prevention.
- Noted the existence of cross-border arrangements with neighbouring services in order to meet demand and ensure emergencies were responded to as quickly as possible.
- Noted that the services was consistently operating at 90% capacity which was far in excess of the 65% target that allowed for spikes in demand.
- Sought greater clarity regarding the levels of waste within the service arising from delays in the handover of patients upon arrival at hospital, delays arising from traffic congestion and the number of people that requested an ambulance but didn't require one. Officers explained that around 10% of calls were dealt with on the phone, 30% were treated at the scene and did not require taking to hospital and 60% were taken to hospital. Delays in handing over patients at hospital had a significant impact across the service and drew attention to the work of the newly established Joint Emergency Team (JET) and the daily system-wide conference calls that took place that highlighted pressures across the system in order they be effectively managed.
- Drew attention to falls that occurred within care homes and the number of calls to the service from care homes unable to lift residents that had fallen. Members were informed that there were schemes that involved Paramedics attending care homes in the morning to assess needs. The early intervention vehicles also had a list of care homes that they targeted to address issues.
- Requested that the falls prevention programme be extended to cover care homes.
- Highlighted that outcomes for stroke patients were worse than the national average. Officers explained that that there were significant challenges in the Norfolk area due to the rurality of the area and system wide work was being undertaken to address the issue.
- Noted the installation, installed over 1000 community based defibrillators and the Community First Responder scheme that were designed to assist in time critical emergencies such as cardiac arrest. Members requested that information be provided regarding Community First Responders. **ACTION**
- Questioned why demand continued to increase and whether there were themes that had emerged from the types of call received. Officers informed Members that demand was complex. People were living longer with more complex needs, there was also a perceived cultural shift where people aged between 30 and 40 expected an instant service. Significant work had been undertaken to keep people out of

hospital however the ambulance service was always available when other services had closed.

It was resolved to:

- a) Note the contents of the report
- b) Request the Northwest Anglia Hospital Trust provide a briefing paper regarding delays in the handover of patients from ambulances to Accident and Emergency departments with specific reference to Hinchingsbrooke Hospital
- c) Request a briefing note regarding the Falls Prevention Programme and its collaboration with EEAST.

#### **94. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES**

Members received the Health Committee agenda plan and noted the following update provided at the meeting.

Integrated Childrens Commissioning would be moved from the March 2018 meeting to the May 2018 meeting.

It was resolved to:

- a) Note the agenda plan and the update provided at the meeting

Chairman